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### 2020 Clinical Update in Heart Failure

AAPA Category 1 CME: 1.25

**Description:** Heart failure is a common and complex clinical syndrome with a rising prevalence affecting more than 5 million Americans with >650,000 people diagnosed with new-onset heart failure annually. The cost of heart failure care in the United States is more than \$30 billion a year, and there are more than 1 million patients hospitalized annually for heart failure in the United States. Data from clinical trials and other evidence-based literature around heart failure care expand at a rate so rapidly that many cardiology professional societies are forced to revise and provide a focused update to published clinical practice guidelines on the management of patients with heart failure. This session provides an evidence-based update on important studies published recently that either confirm or change the practices of clinicians in order to provide optimal management for patients with heart failure. This session is case-based with challenging questions/answers utilizing audience response.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Incorporate into clinical practice recently published literature evidence on new heart failure therapies and guidelines to provide optimal management
- Appraise precipitating etiologies of heart failure including causes for hospitalization and readmission for heart failure
- Compare prognostic importance and clinical relevance for certain cardiac biomarkers in patients with both acute and chronic heart failure

**Primary Track:** CV - Cardiovascular

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### A Call to Action: Raising Awareness About Nutritional Health

AAPA Category 1 CME: 1

**Description:** This session provides a convenient and unique opportunity for clinicians to participate in medical education which focuses on the need for the PA profession to address the critical public health topic of nutrition.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize the current state of nutritional assessment and discuss the role of PAs in managing nutritional health in primary care patients
- Incorporate screening and use of appropriate testing for nutritional deficiencies into routine patient care

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- Explain basic concepts in nutritional health
- Review the nutritional needs in special populations such as patients with obesity, diabetes, and the elderly
- Review nutritional supplements and other treatment strategies

**Primary Track:** NUTR - Nutrition

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### **A Clear Vision of the Current State and the Future of the PA Profession in Europe in 2020**

AAPA Category 1 CME: 0.75

**Description:** This expert panel session provides an overview of the current state of development of the PA profession in these countries: Kingdom of The Netherlands, United Kingdom of Great Britain and Northern Ireland, Republic of Ireland, Federal Republic of Germany, the Swiss Confederation, and the Republic of Bulgaria. A timeline for each country is presented. Ongoing challenges and recent political successes is identified.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify the European countries where the PA model has been introduced
- Name the primary motivators behind these initiatives
- Compare and contrast the European PA with the American model
- Summarize the requirements for American PAs who might want to work in these settings

**Primary Track:** PROF - Professional Role/Professional Practice

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### **A Day in the Life of a Hospitalist PA**

AAPA Category 1 CME: 1.5

**Description:** Care of the hospitalized patient is complex and encompasses a multitude of clinical conditions. This session is designed to lead participants through a typical day of a hospitalist PA, including performing admissions and daily rounds and addressing calls from nurses. Clinical scenarios are utilized to engage participants and illustrate the etiologies, differential diagnoses, diagnostic evaluations, and treatment plans for commonly encountered inpatient medical conditions. This session is applicable not only to hospital internal medicine PAs but also to PAs in other hospital-based medicine and surgical subspecialties.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

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- Discuss basic concepts of hospital medicine including hospital admissions, daily rounds, nurse calls, and the importance of appropriate communication
- Recognize commonly encountered inpatient diagnoses including: Clostridioides difficile, diabetic ketoacidosis, community acquired pneumonia, delirium, pulmonary embolism, alcohol withdrawal, and hypertensive crises
- Differentiate which patients need more urgent evaluation or treatment
- Discuss the monitoring of several common inpatient conditions listed above
- Develop appropriate treatment plans for the conditions listed above

**Primary Track:** HOSP - Hospital Medicine

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### **A Walk with the People: Motivational Interviewing**

AAPA Category 1 CME: 1.5

**Description:** This session is an introduction to motivational interviewing for primary healthcare providers. It explains motivational interviewing philosophy and what it can do for your personal job satisfaction and how it can help your patients achieve real and lasting behavioral change. The session reviews the evidence for motivational interviewing in some common conditions such as alcoholism, tobacco use disorder, and metabolic disease in America's Indigenous populations. Participants will be introduced to motivational interviewing concepts and techniques and will practice these skills during an interactive session. The speaker will demonstrate how to use these techniques in a culturally appropriate way to build therapeutic relationships and maximize adherence to pharmacological and therapeutic treatment plans.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss origins and philosophy of Motivational Interviewing, and its effect on the power dynamic within the therapeutic relationship
- Explain Motivational Interviewing steps and techniques, to include listening for change language, empathy, evoking change language, and reflecting
- Demonstrate the use of reframing, rolling with resistance, and how to work with ambivalence to change

**Primary Track:** PSYC - Psychiatry

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### Acne Vulgaris: A Case-Based Treatment Presentation

AAPA Category 1 CME: 1

**Description:** Acne can be treated in a variety of methods. This case-based session covers the current clinical best practice therapeutics for mild to severe acne patients. Information is presented in a case-based format ranging from primary care cases to cases referred for specialty dermatology consult. After the session, participants should be able to understand the significance of acne in regards to the patient's well-being. Due to the long wait times for dermatology consult the participants will feel comfortable managing mild to moderate cases in the primary care clinic. Participants will also have an understanding on the advantage on dermatology referral.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Differentiate acne patients from mild to severe based on clinical exam
- Develop a treatment program for the most common acne presentations
- Identify patients in need of specialty referral for aggressive acne treatment
- Explain the need for treatment from both a physical and emotional standpoint

**Primary Track:** DERM - Dermatology

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### Acute Cancer Pain: Approach and Barriers to Cancer Pain Management

AAPA Category 1 CME: 0.75

**Description:** This case-based session is an overview that provides participants not only with an understanding of potential roadblocks in providing palliative pain management to patients with cancer, but also offers potential solutions. This session includes discussion of potential barriers and solutions to treatment of cancer pain in an inpatient setting to allow for reflection on the multitude of issues involved in caring for patients with cancer-related pain. In addition the session reviews adjunct therapies available both in the inpatient and outpatient setting in the treatment of cancer related pain and provides participants with additional resources for themselves and their patients.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss a case involving under-treated cancer pain in an inpatient setting
- Discuss barriers and potential solutions to cancer pain management
- Review WHO guidelines for cancer related pain
- Review adjunct therapies for palliative pain management to include interventional pain management therapies

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**Primary Track:** HEMO - Hematology/Oncology

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### Advanced Point-of-Care Ultrasound

AAPA Category 1 CME: 1.25

**Description:** This case-based session provides a detailed discussion regarding the clinical utility of diagnostic point-of-care ultrasound (POCUS) in the setting of two common critical illnesses, undifferentiated hypotension and sepsis. Organ systems is reviewed, and new organ systems, including soft tissue and focused renal ultrasound, is discussed. Additionally, integration of multiple organ system examinations to elevate care of the critically ill patient is discussed. Moreover, an in-depth look at the current literature pertaining to use of diagnostic POCUS, while contrasting it with current standard of care, is highlighted. The session covers the positive impact POCUS can have on evaluation and treatment of common, life-threatening medical illnesses. This session is most applicable to PAs familiar with POCUS who evaluate and treat acutely ill patients.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Summarize scope and indications for Point-of-Care Ultrasound (POCUS) of the heart, lungs, kidneys and soft tissues
- Interpret POCUS images of the heart, lungs, kidneys and soft tissues, in the setting of acute, critical illness
- Contrast evidence for standard of care with POCUS
- Discuss the effect POCUS has on diagnostic evaluation and treatment of acute, critical illness

**Primary Track:** CCME - Critical Care Medicine

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### Advanced Sexually Transmitted Infection Cases

AAPA Category 1 CME: 1.25

**Description:** Rates of sexually transmitted infections (STIs) in the U.S. continue to increase. In 2017 over 2 million STIs were reporting in the US including a total of 555,608 cases of gonorrhea and 1.7 million cases of chlamydia. While most providers are easily able to recognize typical symptoms of STIs such as urethral discharge, asymptomatic and atypical presentations often go undiagnosed with potential for long term complications. Discussion may include, but is not limited to: 1) Lymphogranuloma Venereum which has no commercially available lab testing and requires a specific long duration treatment with antibiotics, 2) Painful syphilis chancre which is an atypical presentation, 3) resistant HSV requiring off-label treatment, 4) anogenital HSV-1 which can be transmitted through oral sex and may have a different course than HSV-2, 5) HPV related precancers and cancers i.e. Busche-Lowenstein tumors

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which is a rare malignant condylomatous tumor, 6) emerging patterns in gonorrhea antibiotic resistance. These uncommon STI diagnoses may be based on clinical suspicion rather than reliance on diagnostic testing. Providers may be not up to date on current CDC recommendations for screening and treatment in the face of emerging antibiotic resistance.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss clinical presentation, workup, and treatment of common STIs
- Review and reference current guidelines for screening and treatment of STIs
- Recognize atypical STI presentations and treatment options

**Primary Track:** INFD - Infectious Disease/HIV

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**Advances in the Diagnosis and Treatment of Rheumatoid Arthritis**

AAPA Category 1 CME: 1.25

**Description:** An estimated 1.3 million adults have rheumatoid arthritis (RA). During the last two decades, advances have been made in the understanding of the pathophysiology of this condition. This increased knowledge lends itself to improved diagnosis and treatment of inflammatory arthritis. Recently updated classification criteria for RA support the importance of early identification of those with this rheumatic disease. Biologics are important pharmacologic tools that can be used with traditional Disease Modifying Anti-Rheumatic Drugs (DMARDs) for appropriately selected RA patients. This session provides an update on the latest diagnostic and treatment option for rheumatoid arthritis.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Utilize the latest diagnostic approaches when evaluating persons with rheumatoid arthritis
- Identify the currently approved medications for rheumatoid arthritis
- Describe the risks, benefits and expectations of biologics in treating rheumatoid arthritis

**Primary Track:** RHEU - Rheumatology

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**American Diabetes Association Standards of Medical Care 2020: Selecting the Best Medications for T2DM Management**

AAPA Category 1 CME: 1

**Description:** This case-based session will apply the 2020 Standards of Medical Care in Diabetes for pharmacology treatment in patients with type 2 diabetes mellitus. A review of the different

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pharmacological options and best practices will help you decide on the treatment options for your patients. The session explores the available options for patients with comorbidities including nephropathy and cardiovascular complications. Using evidence-based recommendations, this session offers you practical tips for medication selection and insulin intensification.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Review the American Diabetes Association Standards of Medical Care in Diabetes Treatment Algorithm for Type 2 Diabetes
- Recognize the best medication options to avoid hypoglycemia in type 2 diabetes
- Select the best medications for patients with diabetes and complications including cardiovascular and renal disorders
- Discuss when and how to intensify insulin in type 2 diabetes mellitus
- Describe how to avoid clinical inertia

**Primary Track:** ENDO - Endocrinology

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**Antibiotic Review: The Ins and Outs of Current Treatment Guidelines**

AAPA Category 1 CME: 1

**Description:** Antibiotic use is continually evolving with changes in resistance patterns in pathogenic bacteria. This is an evidence-based review of antibiotic use in commonly-encountered infectious diseases in both outpatient and inpatient settings. Outpatient topics include updates on tick-borne illness, UTIs, and C. diff while inpatient topics includes pneumonia and sepsis. The use of rapid diagnostic tests and MRSA PCRs for de-escalation of antibiotics is also reviewed.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe current treatment recommendations for tick-borne illness
- Implement current treatment recommendations for C. diff
- Review updated treatment in UTI and asymptomatic bacteriuria
- Implement current treatment recommendations for pneumonia
- Recognize current treatment recommendations for sepsis

**Primary Track:** INFD - Infectious Disease/HIV

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### Anti-Obesity Medications: How They Work and How to Use Them

AAPA Category 1 CME: 1.25

**Description:** Obesity is a chronic, progressive, relapsing disease that is treatable. Effective treatment improves outcomes by preventing, reducing, or resolving complications, and improving quality of life. Pharmacotherapy is one of the four pillars of comprehensive obesity treatment and may increase adherence to the other three pillars of nutritional therapy, physical activity, and behavior modification. When skillfully prescribed, anti-obesity medications can be used safely and effectively. This session dives into the mechanisms of action of the FDA approved anti-obesity medications. Each medication targets specific physiology to improve the disease. This knowledge will guide clinicians in selecting anti-obesity medications for their patients. Tips and strategies for personalized medication selection, cost, and insurance coverage will be provided. Case studies are utilized to reinforce and apply learning.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize the role of pharmacotherapy in obesity treatment
- Describe the criteria for patient eligibility for anti-obesity medications
- Discuss the available FDA-approved anti-obesity medications, including mechanism of action, contraindications, interactions, and adverse effects
- Explain how to personalize medication selection based on mechanism of action

**Primary Track:** ENDO - Endocrinology

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### Arterial Blood Gas (ABG) Interpretation

AAPA Category 1 CME: 1

**Description:** The interpretation of arterial blood gases (ABG) frequently causes anxiety and confusion among many clinicians. Providers get bogged down trying to figure out how something metabolic is somehow compensating for something respiratory and miss an obvious disorder. A systematic approach for analyzing ABGs is crucial for the practicing PA. This session is not a biochemistry lesson but rather a practical look at blood gas interpretation in the clinical setting.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Develop a systematic approach to arterial blood gas (ABG) interpretation
- Recognize primary metabolic and respiratory disorders
- Use formulas to determine the presence of secondary disorders
- Calculate and apply the Alveolar-arterial gradient



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**Primary Track:** HOSP - Hospital Medicine

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**Assessing Acute Abdominal Pain: A Practical Review**

AAPA Category 1 CME: 1

**Description:** The evaluation and treatment of acute abdominal pain requires a broad knowledge of many different GI and non-GI illnesses. It is extremely important to make a correct diagnosis as quickly as possible. There can occasionally be confusion in this process, especially when testing does not correlate with suspected findings. This interactive practical session reviews the typical and atypical GI presentations of pain and non-GI sources of pain. The session includes several case discussions. At the conclusion of this session, participants will have a virtual clinical toolbox to help in the diagnosis and management of acute abdominal pain.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize that the patient's description of severity of abdominal pain does NOT distinguish Irritable Bowel Syndrome from surgical emergencies
- Discover how 'Alarm Symptoms' are important in clinical practice
- Define the appropriate evaluation and treatment for diverticulitis
- Appropriately select U/S, MRCP, HIDA and ERCP when evaluating biliary track disease
- Recognize that abdominal pain in women may arise from cardiac illness

**Primary Track:** GAST - Gastroenterology

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**Asthma Update**

AAPA Category 1 CME: 1.25

**Description:** The 2019 and 2020 GINA Asthma Guidelines change not only the definition of asthma but the way we are to treat asthma. This session explores these guidelines and how they relate to primary and urgent care. A plan is developed for the treatment of the asthma patient along with a plan for treating the exacerbations that are common to patients with asthma. The session outlines the red flags for patients with severe asthma and ways to treat the severe asthmatic in both the outpatient and the emergency setting. This session ends with tips and tricks from 20 years of treating asthma.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recall and restate the 2020 GINA Asthma Guidelines for the treatment of asthma and asthma exacerbations

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- Apply the knowledge learned to the typical asthma patient seen in the outpatient and urgent care setting
- Summarize the way the new GINA Asthma Guidelines effect the way we treat asthma that is mild to moderate as well as severe and difficult-to-treat asthma
- Review pearls of asthma care that includes inhaler technique, spacer use and the concurrent treatment of comorbid conditions that affect asthma

**Primary Track:** PULM - Pulmonology

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**Atrial Fibrillation: Thinning the Concerns about Thinning (or not Thinning) the Blood**

AAPA Category 1 CME: 1.25

**Description:** This session provides participants with a high-yield, evidence-based review of one of two key elements of management of atrial fibrillation; management of thromboembolic risk. It covers risk stratification methods (to predict both risk of a thromboembolic event and risk of a major bleeding event) and the various options available to help modify thromboembolic risk in patients with nonvalvular atrial fibrillation. In so doing, it serves as an archetypal example of how evidence-based medicine (necessarily involving not only the best-available evidence, but also clinical expertise and a patient's values and preferences) is fundamental in truly providing patients the best care possible.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss two methods used to assist with stratification of thromboembolic and major bleeding risk in patients with nonvalvular atrial fibrillation
- Describe how shared decision-making can be implemented in making decisions about thromboembolic prophylaxis in nonvalvular atrial fibrillation
- Discuss key evidence surrounding the various antithromboembolic options in nonvalvular atrial fibrillation

**Primary Track:** CV - Cardiovascular

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**Basic ECG Workshop, Part I**

AAPA Category 1 CME: 1.25

**Description:** Interpreting 12-lead ECGs is an important skill for any clinician, although it can be a difficult skill to become comfortable with or even master. This session provides the participant with the basic skills needed to become more knowledgeable and comfortable in utilizing this important diagnostic tool. The activity is divided into two parts. Part I focuses on basic descriptive analysis of ECGs (determining

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heart rate, rhythm, calculating intervals, axis and R-wave progression. Part II focuses on evaluating several common ECG pathologies listed in the objectives. Support materials is provided to help with your development and reinforcement of learning this skill set.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Analyze the basic ECG components required to assess pathology to include heart rate, rhythm, axis and waveform intervals
- Develop a simple method to enable consistent assessments of unknown ECGs for common pathologies
- Identify the common variances within normal ECGs
- Interpret normal ECGs, Bundle Branch Blocks, IVCDs and Fascicular Blocks, using specific diagnostic criteria

**Primary Track:** CV - Cardiovascular

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**Basic ECG Workshop, Part II**

AAPA Category 1 CME: 1.25

**Description:** Interpreting 12-lead ECGs is an important skill for any clinician, although it can be a difficult skill to become comfortable with or even master. This session provides participants with the basic skills needed to become more knowledgeable and comfortable in utilizing this important diagnostic tool. The activity is divided into two parts. Part I focuses on basic descriptive analysis of ECGs (determining heart rate, rhythm, calculating intervals, axis and R-wave progression. Part II focuses on evaluating several common ECG pathologies listed in the objectives. Support materials is provided to help with your development and reinforcement of learning this skill set.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Analyze the basic ECG components required to assess pathology to include heart rate, rhythm, axis and waveform intervals
- Develop a simple method to enable consistent assessments of unknown ECGs for common pathologies
- Identify the common variances within normal ECGs
- Interpret normal ECGs, Bundle Branch Blocks, IVCDs and Fascicular Blocks, using specific diagnostic criteria

**Primary Track:** CV - Cardiovascular

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### **Beyond Cancer: Integrating Primary Care in Survivorship**

AAPA Category 1 CME: 0.75

**Description:** As cancer screening, early detection, and cancer treatments continue to improve, there continue to be a growing number of patients cured of cancer. Primary care survivorship plays an important role in the transition to life after cancer. Many institutions have adopted survivorship plans to enhance communication and coordination of care for survivors. However, there are many childhood and adult cancer survivors that don't come equipped with survivorship plans or are unfamiliar with their history. There can be gaps in knowledge of both patients and primary care providers on how to best integrate this transition from cancer care to primary care. This session addresses the current guidelines for clinical surveillance and addresses special concerns of childhood and adult survivors of cancers as well as hopes to enhance the safety, quality, and satisfaction of primary care led survivorship care.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Review the definition of survivorship and survivorship plans
- Discuss the unique primary care issues patients are likely to face during survivorship
- Identify evidence-based treatments of the common issues patients face during survivorship
- Outline an evidence-based surveillance plan for cancer survivors
- Describe strategies for preventive screening, physical activity, diet, and weight management for survivors

**Primary Track:** HEMO - Hematology/Oncology

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### **Brace Yourself: A Guide to Orthopaedic Splinting**

AAPA Category 1 CME: 1

**Description:** While orthopaedic PAs are expected to demonstrate expertise when it comes to splint and cast application, such skills are necessary in other settings with considerable frequency. Radiology interpretation, joint assessment, and the need for immobilization often become the responsibility of the EM clinician, as well as those in urgent care and even primary arenas. This session navigates first through the most common fractures, as well as soft tissue injuries, that can be anticipated in all such settings. Associated plain film images complements injury discussions, incorporating the history of mechanical trauma to pertinent exam findings. Respecting contraindications and post-splint complications, this session demonstrates proper splint application. Such splints to include volar, ulnar gutter, sugar tong and thumb spica of the upper extremities, and posterior splint of the foot and ankle. Brace yourself: this will be fun!

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify common extremity injuries that warrant immobilization with splinting
- Execute proper techniques and placement of upper and lower extremity splints
- Describe contraindications to splint use, as well as post-application complications

**Primary Track:** ORTH - Orthopaedics

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**Broadening the 'Spectrum' of Our Care: Key Evidence Based Pearls to Ease the Examination of Children with Autism Spectrum and Developmental Disorders**

AAPA Category 1 CME: 1.25

**Description:** Children with (autism spectrum disorder) ASD and developmental disabilities (DD) often require more frequent medical care and experience more difficulties during the history and physical examination than neurotypical peers. Communication difficulties are universally present in children with ASD/DDs, resulting in challenges related to anxiety, sensory input, and social interaction. Clinicians can use proactive interventions to improve communication and prevent undue stress, anxiety, and future aversion to medical care in the ASD/DD population. Specialized communication tools and distractive items may assist the clinician with obtaining a history or performing an exam, especially when attempting to gain the cooperation of children with ASD and DD. This session outlines evidence-based history and physical exam techniques that are not typically taught in medical education, that can be used to improve the interplay between the clinician and ASD/DD patient during history and physical exam.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Categorize the unique sensory needs of children with autism spectrum disorder (ASD) and developmental disabilities (DD)
- Identify the responses that children with ASD/DDs experience during physical exams, highlighting challenges related to anxiety and specific phobias
- Apply behavioral techniques to assist with the use of instruments/procedures that are often problematic in the examination of children with ASD/DDs
- Describe the common components and demonstrate the proper usage of coping kits, visual communication tools, and anxiolytic adjunctive modalities
- Discuss current research on evaluating children with ASD/DDs, delineating components that may prove useful to clinicians and parents/caregivers

**Primary Track:** PSYC - Psychiatry

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**Building Pathways in Pain Management: Advancing the Future of Chronic Pain Management**

AAPA Category 1 CME: 1.25

**Description:** Chronic pain is an under-recognized and under-resourced public health problem with devastating impact. In the United States, chronic pain represents more years lost to disability than cancer, heart attacks, and diabetes combined. Chronic low back pain has topped this list for over 35 years, with disabling arthritis pain becoming an increasingly prevalent affliction that disproportionately affects women and minorities. In order to improve the quality of life of patients and increase provider knowledge and confidence in caring for patients living with chronic pain, ongoing education on the pathophysiology of chronic pain, evidence-based pharmacologic and non-pharmacologic treatment options, and emerging treatment modalities are needed when managing those patients. This session highlights successful strategies and resources for the management of chronic pain including osteoarthritis and chronic low back pain.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Develop practical strategies to manage pain for patients with osteoarthritis (OA) and chronic low back pain (CLBP)
- Use appropriate assessment, management, and educational tools and resources in caring for patients with OA and CLBP
- Customize chronic pain management for each patient's needs
- Evaluate existing and emerging therapies to manage pain
- Partner with patients to establish positive and realistic goals

**Primary Track:** PAIN - Pain Management/Palliative Medicine

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**Burn Baby Burn! The Evaluation and Diagnosis of Oral Lesions**

AAPA Category 1 CME: 1

**Description:** Oral lesions are common in all patient populations and can be very similar in presentation and appearance, which often makes them difficult to diagnose. As the differential diagnosis includes life threatening conditions, oral lesions must be appropriately evaluated and diagnosed in a timely manner. This session presents a real-life patient scenario, from patient presentation to diagnosis, focusing on the differences between similar oral lesion presentations and provides clinical pearls to increase the participant's knowledge and ability to correctly diagnose patients with oral lesions.

**Learning Objectives:**

At the end of this session, the participant should be able to:

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- Describe the appropriate history, physical exam, and additional testing, if indicated, required for the appropriate evaluation of oral lesions
- Recognize the symptoms and exam findings that indicate a malignancy or other life threatening process as the cause of oral lesions
- Identify infectious, inflammatory, allergic, and autoimmune processes that feature oral lesions as a component of their presentation

**Primary Track:** INFD - Infectious Disease/HIV

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### **Cannabis: What Does it Mean for Your Practice**

AAPA Category 1 CME: 1.75

**Description:** There is much misinformation and lack of understanding by clinicians about cannabis and cannabinoids. The discovery of the endocannabinoid system (ECS) has expanded the wealth of research opportunities to the potential for manipulation of this system, and the role that phytocannabinoids have on it. The endocannabinoid system (ECS) is now recognized as an important modulator of many physiological processes. More recently, an increasing body of evidence has been accumulated to suggest antioxidant, anti-inflammatory, neuroprotective and antinociceptive functions of the ECS. This session will focus on what is known, where research is lacking, and most importantly how to safely counsel their patients about cannabis use.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Define the endocannabinoid system
- Discuss the medicinal use of cannabinoids, supported by the research
- Review practical clinical basics and safety considerations

**Primary Track:** ALTE - Integrative Medicine

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### **Caring for Lesbian, Bisexual, and Queer (LBQ) Women**

AAPA Category 1 CME: 1.75

**Description:** Lesbian, bisexual, and queer women (LBQ) women make up approximately 1.3%-17.4% of the population in the United States and present to providers with unique healthcare needs. LBQ women are part of a diverse community with variations in sexual identity, sexual behaviors, sexual practices, and risk behaviors. Societal stigma, discrimination, and denial of civil and human rights have led to: 1) decreased access to preventive care and screening; 2) higher rates of substance use and tobacco use; 3) barriers to family planning and reproductive care; and 4) increased risk of intimate partner violence. This

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session provides comprehensive primary care management specific to LBQ patients including: 1) introduction to language and terminology; 2) discussion of the Minority Stress Model and the impact on health disparities; 3) intersectionality of racial and ethnic minorities within the population; and 4) preventive care and screening recommendations.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Define language and terminology pertaining to sexual orientation, gender identity, and sexual practices of LBQ women
- Distinguish barriers to care affecting LBQ women
- Describe best practices in caring for LBQ women
- Discuss mental health and substance abuse trends among LBQ women

**Primary Track:** PREV - Preventive Medicine

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**Caring for the Bariatric Surgery Patient in the Primary Care Setting**

AAPA Category 1 CME: 1.25

**Description:** Bariatric surgery can result in significant improvements in obesity and related medical conditions. The number of patients who have undergone bariatric surgery will continue to rise as the rates of severe obesity increases. Thus, it is vital for PAs to understand the post-operative long-term care of these patients. Early on in the post-operative phase, clinicians must know how to adjust medications for conditions; diabetes, hypertension and dyslipidemia, which can rapidly improve post-operatively and have adverse consequences if not adjusted appropriately. Clinicians should be aware of potential short and long-term complications of bariatric surgery procedures, and how to manage/refer these patients. Caring for patients includes screening and managing common nutritional deficiencies after procedures. Importantly, clinicians and patients need to recognize that obesity is a chronic disease, and that bariatric surgery is a tool, not a cure and continued obesity management is necessary.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify the need for medication adjustments in the early postoperative period after bariatric surgery and monitor medical conditions that may be affected by bariatric and metabolic surgery
- Explain how to screen for and manage vitamin deficiencies that are common after bariatric surgery
- Recognize and understand the management of potential complications of bariatric surgery
- Recognize obesity as a chronic disease and manage weight regain after bariatric surgery, including making appropriate referrals when necessary

**Primary Track:** ENDO - Endocrinology



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### Chest Radiology

AAPA Category 1 CME: 1.25

**Description:** This session provides an overview of how to interpret chest radiology including chest x-rays (CXR) and different types of chest computerized tomography (CTs). The session reviews chest anatomy, indications and interpretation of common findings on chest imaging. The purpose is to expand one's knowledge and interpretation skills of chest radiology.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Review chest anatomy and be able to identify common radiographic landmarks on chest x-rays (CXR) and chest computerized tomography (CTs)
- Review proper placement of chest tubes, central venous catheters and endotracheal tubes on CXRs
- Outline a systematic approach for interpreting CXRs and chest CTs and understanding the different types and indications for chest CTs
- Recognize different findings on chest imaging such as infiltrates, edema, pleural effusions, bronchiectasis and ground glass opacities
- Recognize common disease states such as pneumonia, pulmonary edema, emphysema, pulmonary emboli and interstitial lung disease

**Primary Track:** PULM - Pulmonology

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### Classification, Treatment, and Management of Epilepsy in Children

AAPA Category 1 CME: 1.25

**Description:** There are challenges to providing comprehensive care for children with epilepsy, particularly those with intractable epilepsy. These challenges include quality of life, epilepsy diets, use of cannabidiol (CBD), surgical options, and psychosocial/mental health and neurocognitive functioning. This session discusses care of children with epilepsy and practical solutions for addressing the aforementioned challenges relevant to providing comprehensive epilepsy care. It is vitally important to recognize and treat epilepsy in a timely manner because failure to treat/manage epilepsy may lead to developmental and cognitive delays, brain damage, and death.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Identify epilepsy and intractable epilepsy
- Recognize atypical presentations of seizures, epilepsy syndromes, and genetic predispositions
- Recognize when to start treatment and drug choices for newly diagnosed epilepsies

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- Describe options in addition to anti-epileptic drugs (AEDs) and their applications for intractable epilepsy
- Recognize when patients need to be reevaluated and referred to epilepsy centers

**Primary Track:** NEUR - Neurology

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### **Clinic to Classroom 101: Considerations for Transitioning into Academia**

AAPA Category 1 CME: 1.25

**Description:** Suggested by Physician Assistant Education Association (PAEA). This session provides an overview for clinicians transitioning into PA education. Participants will recognize the opportunities and challenges new educators face when making the move from clinical practice. Furthermore, participants will learn the various roles and responsibilities for PA faculty. Strategies and resources to facilitate the transition, and ensure success in the academic role, will also be discussed.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the opportunities to transition to the role of a PA educator based on the current landscape
- Describe the various roles and responsibilities of being a PA faculty member
- Discuss common challenges specific to new PA educators
- Identify resources and strategies for a successful transition from clinical practice to academia

**Primary Track:** CDEV - Career Development/Leadership

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### **Coagulation Conundrums: A Case-based Approach**

AAPA Category 1 Self-Assessment CME: 1.5

**Description:** Increased bleeding and bruising are common complaints in primary care. Preoperative assessment of the clotting system is a very common task for primary care providers. A working knowledge of the clotting system is necessary for diagnostic work-up, laboratory interpretation, and treatment of common bleeding disorders. Hypercoagulable states can lead to MIs, DVTs, PEs, and thrombotic strokes. Atrial fibrillation is one of the most common reasons for anti-coagulation therapy. PAs need to know the common presentations, diagnostics, and therapy for clotting issues.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize common laboratory patterns for common bleeding disorders seen in primary care

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- Diagnose common bleeding and clotting disorders
- Formulate a treatment plan or referral for common bleeding and clotting disorders

**Primary Track:** HEMO - Hematology/Oncology

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**Common Things Are Common: Generalized Anxiety, Panic, Adjustment Disorder and Subclinical Worries in the Busy Office Practice**

AAPA Category 1 CME: 1.25

**Description:** Anxiety is one of the most common mood symptoms presenting to the primary care setting and a common reason for psychiatric referral. However, few patients actually follow through with their referrals so consequently the primary care provider is left to manage the patient. This session identifies how to perform an evidence-based assessment for common anxiety-related disorders that present to the primary care setting and their differentials and comorbidities. Additionally, the current non-pharmacological and pharmacological treatment options will be reviewed with special emphasis on medication selection, side effects, safety and common problems. Lastly, practice guidelines and practical strategies will be discussed to successfully integrate the assessment and treatment of anxiety into a busy office practice.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe diagnostic criteria for major anxiety disorders along with their etiology, epidemiology, and differentials
- Perform an evidence based assessment of patients presenting with the symptom of anxiety
- Choose among therapeutic options for patients who meet criteria for select anxiety disorders and those with subclinical symptoms of anxiety and worry

**Primary Track:** PSYC - Psychiatry

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**Community Health Medic to Chief PA: A History of PAs in the Indian Health Service**

AAPA Category 1 CME: 0.5

**Description:** American Indian and Alaska Native people have had a turbulent history with the United States. Their health as a people is an often ignored and forgotten story. The Indian Health Service (IHS), much like the PA profession, is a fairly recent concept that was only initiated a dozen years before the inaugural class of PAs. IHS represents a great opportunity for the PA profession to have an outsized impact on a vulnerable and underserved population. This session summarizes the health impacts of colonization on Indigenous people in the United States, explore the unique relationship between tribal

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governments and the federal government in terms of healthcare, and review the historical role PAs have played in improving the health of American Indian and Alaska Native people. Only by understanding this context can we appreciate the future opportunities within the IHS for PAs to simultaneously improve healthcare for Indigenous people while also strengthening the PA profession.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the roles of PAs in the Indian Health Service: both past and present
- Recognize the importance of the PA History Society in documenting PA experiences within the Indian Health Service
- Describe the formation of the Indian Health Service
- Recognize the unique cultural and historical challenges of providing healthcare within the Indian Health Service as a PA

**Primary Track:** PROF - Professional Role/Professional Practice

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**Coordination of Primary and Specialty Care for Uninsured Children with Complex Medical Conditions**

AAPA Category 1 CME: 0.75

**Description:** Collaboration between primary care and subspecialty PAs provides a unique opportunity to maximize access to medical care for uninsured children with complex medical conditions. Sufficient insurance coverage may be lacking for children who are refugees, undocumented, have Green Card status, or who have a lapse in previously existing coverage. Families of these children may be reluctant to seek care due to financial or psychosocial stressors. Language barriers, poverty, and stigma of disease can all contribute to delays in optimal care of the uninsured child. Through an effective grasp of community resources and charity care programs and developing a relationship network with local providers, barriers to care may be overcome with the efforts of a resourceful team. A PA and a social worker with over a decade of combined experience in caring for children with socioeconomic obstacles in both primary care and subspecialty settings will share their perspectives on this critical issue.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify barriers to care of the uninsured child with complex medical needs
- Recognize community and governmental services available to assist with securing medical coverage for the uninsured child
- Describe practical tools for collaboration between pediatric subspecialties and primary care/general pediatrics

**Primary Track:** PEDS - Pediatrics

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### **Depression: The Common Cold of Psychiatric Disorders in Primary Care?**

AAPA Category 1 CME: 1.25

**Description:** Depression as a symptom and Major Depressive Disorder (MDD) as a psychiatric diagnosis are common in both the psychiatric and primary care settings. This is one area of mental health in which there have been changes in the assessment and treatment options. This session identifies how to use current evidence-based guidelines to assess for MDD to include its differentials and comorbidities. Additionally, the current non-pharmacological and pharmacological treatment options are reviewed with special emphasis on medication selection, side effects, safety, common problems and treatment resistance. Lastly, practice guidelines and practical strategies will be discussed to successfully integrate MDD assessment and treatment into a busy office practice.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the DSM-5 diagnostic criteria for Depressive Disorders along with their etiology, epidemiology and differentials
- Perform an evidence-based assessment of patients presenting with the symptom of depression
- Apply current practice guidelines to choose treatment options for patients with MDD and those with subclinical depressive symptoms

**Primary Track:** PUBL - Public Health

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### **Diabetes Case Studies: Navigating the Alphabet Soup of Treatment Options**

AAPA Category 1 CME: 1.25

**Description:** This interactive, case-based session features real world clinical scenarios to demonstrate optimization of diabetes treatment plans. The session explores critical decision-making when selecting from the variety of available anti-hyperglycemia agents with an effort at reducing complications and hypoglycemia. A review of cardiovascular outcomes data is included with a discussion on applying this data and current guidelines at the clinic level to help improve patient outcomes as well as clinicians' comfort with this evolving area of medicine.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss the pathophysiology of type 1 and type 2 diabetes and how this directly applies to treatment recommendations
- Describe available treatment options including specific mechanisms of action and clinical considerations

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- Review recent cardiovascular outcome trials results which have affected clinical guidelines, indications, and precautions
- Demonstrate the real-world application of selecting diabetes treatment options using clinical case studies

**Primary Track:** ENDO - Endocrinology

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### **Dude, Where's My Blood: A Quick Review of Anemia**

AAPA Category 1 CME: 1.25

**Description:** This session is a case-based, high-energy discussion of the multiple etiologies of anemia. The session reviews acute, chronic, micro, macro, and hemolytic anemia. Participants will work through cases and interpret findings to determine likely etiology of anemia and best treatment. The session also discusses evidence-based guidelines regarding transfusion practices as well as impact of hospital-acquired anemia on patient outcomes.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Assess different types of anemia from inspecting common associated laboratory findings
- Diagnose anemia based upon workup evaluation
- Integrate evidence-based guidelines for transfusion therapy
- Explain the impact of hospital-acquired anemia on patient outcomes

**Primary Track:** LABM - Laboratory Medicine

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### **DVT and PE**

AAPA Category 1 CME: 0.5

**Description:** Eighty percent of all patients with a DVT have an identifiable risk factor for thrombosis. With the most common cause of a pulmonary embolism being migration of a DVT, early and appropriate treatment is critical to decrease patient mortality and morbidity. This session provides evidence-based information on current identification and management of DVTs and PEs.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Determine a patient's risk for a DVT and base treatment methods on diagnostic criteria
- Incorporate evidence-based medicine for the diagnosis and treatment of DVTs and PEs into clinical practice as applicable

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**Primary Track:** CV - Cardiovascular

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**Early Prevention: Beginning Chronic Disease Prevention in Childhood**

AAPA Category 1 CME: 1

**Description:** Adverse childhood experiences, or ACEs, have been associated with the development of adult chronic diseases, such as diabetes mellitus, substance use disorder, hypertension, depression, and more. PAs encounter more than 400 million patients per year and educate students in over 200 programs. With this broad reach, PAs are in a prime position to identify early risk factors of chronic disease development, as well as provide early treatment and/or referral for at risk patients. This session provides PAs with the underlying pathophysiology of childhood adversity and its role in chronic disease development, review screening recommendations for pediatric and adult populations, as well as review opportunities for early intervention and chronic disease prevention.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Define adverse childhood experiences (ACEs)
- Explain the epidemiology of ACEs
- Describe the pathophysiology of ACEs in chronic disease development
- Review screening recommendations for at risk adult and pediatric populations
- Discuss primary, secondary, and tertiary prevention strategies for chronic disease development secondary to ACEs

**Primary Track:** PUBL - Public Health

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**Easing the Load of Precepting: Efficiently Integrating Students into Ambulatory Training Sites**

AAPA Category 1 CME: 0.75

**Description:** Suggested by Physician Assistant Education Association (PAEA). This session provides an overview of the work of the five tactic teams of The Society of Teachers of Family Medicine's (STFM) Preceptor Expansion Initiative with a specific focus on the work of Tactic Team 3. Tactic Team 3 aims to reduce the administrative burden for clinical training sites, to help preceptors integrate students into clinical rotations sites, and increase the value students bring to clinical rotations. We have created a set of tools that we believe will help enhance the onboarding of students into ambulatory training environments, facilitate learning in these vital spaces and reduce the administrative burden on community-based preceptors. These materials include a student clinical rotation passport, training materials for students with tips and strategies on key topics for ambulatory environments, and

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suggestions to streamline the administrative processes for bringing in new preceptors into medical education and for sustaining existing preceptors.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the preceptor expansion initiative and discuss the goals of the five tactic teams
- Review, comment on, and utilize our shared community preceptor onboarding materials
- Identify and utilize tools to enhance student preparedness and increase value in clinical settings
- Reduce common administrative barriers to clinical precepting

**Primary Track:** PROF - Professional Role/Professional Practice

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**Electrolytes on Wall Street: Managing the Highs and the Lows**

AAPA Category 1 CME: 1.25

**Description:** This case-based and high energy session reviews the management of electrolyte derangements. Discussion will include a review of life-threatening electrolyte disorders and their management. The participants will be virtually transported to the wards of Mayo Clinic and will become a PA hospitalist working through complex patient cases encountered in the hospital. Evidence-based workup and treatments will be discussed throughout the session.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Review evaluation and management of hyper- and hyponatremia
- Review evaluation and management of hyperkalemia
- Review evaluation and management of hypercalcemia

**Primary Track:** LABM - Laboratory Medicine

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**Emergency Medicine Update: A Case-Based Review of Recent Impactful Literature**

AAPA Category 1 CME: 1

**Description:** This case-based session reviews the current emergency medicine literature. New literature is published continuously across numerous journals. While review of this research is critical to maintaining evidence-based practice, limited time and access are potential barriers to staying up-to-date. The presenter has filtered the vast quantity of recent emergency medicine literature to present the most relevant articles for practice. Some presented content is also highly applicable to outpatient acute care. Topics includes chest pain disposition, anticipatory guidance on concussions, bag-mask



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ventilation during intubation, a clinical prediction rule for febrile infants, point-of-care ultrasound, and management of pediatric vomiting and diarrhea. Participating in this session empowers clinicians to make evidence-based decisions in frequently encountered emergency medicine and acute-care situations.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Utilize the HEART score to make disposition decisions in cases of potential acute coronary syndrome
- Provide anticipatory guidance on concussion recovery and treatment
- Appraise the utility of a clinical prediction rule for the management of febrile infants under 90-days-old
- Outline the role of bag-mask ventilation during intubation
- Discuss the role of point-of-care ultrasound in diagnosing selected ocular complaints and performing lumbar punctures

**Primary Track:** EMER - Emergency Medicine

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**Empowering Persons with Diabetes (PWD): Putting Diabetes Self-Management Consensus Principles to Work**

AAPA Category 1 CME: 1

**Description:** PAs are managing the care of persons with diabetes in great number. For this complex and chronic disease, physicians cannot handle the load alone. Research supports that the care provided by PAs and NPs is comparable to that of physicians and in some cases financially better. However, diabetes research demonstrates that patient-centric care, aimed at empowerment through knowledge, skills and behavioral support, further advances quality outcomes. This session provides a road map for PAs to identify the four critical times for diabetes self-management intervention, clinical benefits, reimbursement, barriers, and referrals resulting in improved patient outcomes, practice efficiency, patient empowerment, utilization of government funding and reduced PA burnout.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe current issues effecting PAs' management of persons with diabetes
- List common interfering issues with access to and delivery of diabetes self management education & support (DSMES)
- Summarize the evidence-based medicine (EBM) practices supporting the benefits of DSMES
- Describe currently available medicare and insurer funding for DSMES

**Primary Track:** ENDO - Endocrinology

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### Essential Risk Stratification for Practicing Evidenced-Based Medicine

AAPA Category 1 CME: 0.75

**Description:** Risk stratification tools have become increasingly popular and are essential in the medical decision-making process of patient disposition. Risk stratification tools are highly tied to evidence-based medicine. These tools not only help with identifying and calculating risk but when used and documented correctly, can provide a safety net that can prevent adverse patient outcomes and potentially prevent liability. This session aims to ensure that the audience of existing risk stratification tools that can be used in everyday practice and to expose the learner to new tools that have come out in the last few years.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss risk stratification calculations; when and why they are used
- Calculate and interpret the CHA2DS2-VASc Score for Atrial Fibrillation and Stroke Risk
- Calculate and interpret the HEART Score for Major Cardiac Events
- Calculate and interpret the Wells' Criteria and PERC Rule for DVT and PE
- Calculate and interpret the CURB-65 Score for Pneumonia Severity

**Primary Track:** CV - Cardiovascular

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### Ethical Implications of Vaccine Hesitancy

AAPA Category 1 CME: 1

**Description:** Vaccine refusal is common in today's world. This represents not only an individual health risk but also a public health risk, as the integrity of herd immunity is threatened. PAs must consider the ethical principles involved in vaccination and develop an appropriate approach to discuss these issues with vaccine-hesitant parents.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss common motivations for vaccine hesitancy
- Identify the ethical principles involved in vaccine administration and hesitancy
- Formulate an ethical response that the PA can utilize to respond to vaccine-hesitant parents

**Primary Track:** INFD - Infectious Disease/HIV

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**Evaluation and Management of Sinonasal Disorders: A Primary Care, Evidence-Based Approach**

AAPA Category 1 CME: 1.25

**Description:** Rhinosinusitis is one of the most commonly diagnosed conditions in the adult population. Yet, sinusitis is commonly misdiagnosed leading to inappropriate antibiotic use and the rise of antibiotic resistance. Antibiotic resistance is currently considered one of the greatest threats to worldwide health. This session takes an evidence-based approach, using published guidelines, to educate the participants on the most appropriate way to diagnose and treat sinonasal disorders and make our patients healthier.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain the anatomy and physiology of the nose and paranasal sinuses
- Recognize conditions commonly mistaken for sinusitis and be able to differentiate between rhinitis, acute sinusitis and chronic sinusitis
- Conduct a work-up, develop a treatment plan and appropriately refer sinonasal disorders

**Primary Track:** INFD - Infectious Disease/HIV

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**Evaluation and Treatment of the Red Eye**

AAPA Category 1 CME: 1.25

**Description:** The primary and urgent care physician assistant can anticipate a host of ocular complaints on a regular basis, very often involving some version of the red eye. Given the spectrum of etiologies and clinical implications, this discussion is intended to familiarize the participants with the most common presentations. Sources will range from basic mechanical stressors to minor inflammatory changes to serious infectious causes. A brief consideration of anatomy lends to a problem specific exam and narrow differential diagnosis. Most of the dialogue will work through basic questions as to "what's the red," "why's the red," and "how bad is it" per each red eye complaint. With successful prompt management and minimal referrals, we should aim to optimize patient ocular care in the primary setting.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Execute a problem-focused examination of the red eye
- Differentiate among a host of red eye pathologies
- Initiate proper plan of care and/or referral for prompt management

**Primary Track:** OPHT - Ophthalmology

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### Evaluation of Hematuria for the Non-Urologist

AAPA Category 1 Self-Assessment CME: 1

**Description:** Hematuria is very commonly encountered in primary care and other settings. Gross hematuria is easily recognized and usually prompts the patient to seek care immediately. Asymptomatic microscopic hematuria (AMH) may not be recognized as an important finding, yet may be clinically significant. The most common causes of microscopic hematuria are urinary tract infection, benign prostatic hyperplasia, and urinary calculi. However, up to 5% of patients with AMH are found to have a urinary tract malignancy. It is important that clinicians understand the components of the diagnostic work up for hematuria. This session reviews the American Urological Association (AUA) Guideline for evaluation of AMH and the indications for referral to a urologist. While not the focus of this session, a brief overview of treatment of some of the common underlying causes of hematuria will be discussed.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Identify clinically significant malignant and nonmalignant causes of hematuria
- Identify risk factors for developing urothelial malignancy
- Identify the diagnostic approach to the patient who presents with hematuria
- Integrate the AUA guidelines for diagnosis, evaluation and follow-up of asymptomatic microscopic hematuria (AMH) into clinical practice
- Recognize findings that should prompt referral to a urologist

**Primary Track:** NEPH - Nephrology

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### Fatty Liver Disease: What's the Skinny? An Update on the Latest in Diagnosis and Treatment

AAPA Category 1 CME: 1.25

**Description:** Fatty liver disease is the most common cause of elevated liver enzymes in the US adult population. This session is designed to educate on the importance of making a diagnosis of fatty liver disease. We will review common terminology associated with fatty liver such as: simple steatosis, NAFLD and NASH. We will discuss risk stratification, including the use of new imaging modalities, online disease scoring systems and liver biopsy. And finally, we will arm everyone with the latest treatment options.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Define common terminology used to determine morbidity in patients with fatty liver such as simple steatosis, NAFLD and NASH

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- Recognize the importance of making a diagnosis of fatty liver disease in a patient, as it pertains to liver and general health morbidity and mortality
- Discuss the latest treatment options for patients with fatty liver disease, including recent research trial results

**Primary Track:** GAST - Gastroenterology

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**Female Urinary and Fecal Incontinence; What to do in the Primary Care Setting and When to Refer**

AAPA Category 1 CME: 1.25

**Description:** Fecal and urinary incontinence in the female population can be socially stigmatizing and devastating to a patient's quality of life. Despite this, a large majority of females do not seek evaluation or treatment from a medical provider. PAs need to ask the right questions and provide a comfortable space for patients to discuss their symptoms. This session aims to provide knowledge for the Primary Care PA to evaluate a female patient for both urinary and fecal incontinence, as well as offer options for treatment. It will review the anatomy and physiology of the bladder and rectum, appropriate history-taking, physical examination techniques, indications for advanced imaging and treatment of these conditions.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the anatomy and physiology of the bladder and rectum/anus
- Recognize the different types of urinary incontinence by defining their discreet symptomatology and workup
- Discuss the updated recommendations for treatment of urinary incontinence in females
- Discuss the updated recommendations for treatment of fecal incontinence in females

**Primary Track:** GU - Genitourinary

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**Fit to Fight? Civilian Provider's Role in Optimizing Healthcare Delivery to the Warfighter**

AAPA Category 1 CME: 1

**Description:** U.S. military forces are expected to be physically fit and ready to deploy at a moment's notice. In order to ensure this, medical providers must consider numerous unique circumstances when treating military members. A vital asset in the care of military members is the existing the TRICARE network, government managed health insurance, of civilian providers and facilities which provides access to subspecialty care not available in the local military treatment facility. Ongoing changes to the military healthcare care delivery system will see a change in integration of military medical care with the

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private sector. With this integration, it will become increasingly important to understand the unique considerations in minimizing the time between injury/treatment and to return full duty. This session identifies medical deployability requirements, potential impacts of treatment plans and their impact on military readiness and military medical retention standards.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe minimum medical requirements for service members
- Explain how military culture impacts care of military personnel
- Describe the role of civilian network providers in treating military personnel
- Identify the current changes within the Military Health System
- Recognize unique considerations of military operations in guiding treatment of military personnel

**Primary Track:** VETS - Veteran's Health

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**Food Allergy Update (With a Focus on Peanut Allergy)**

AAPA Category 1 CME: 1.25

**Description:** We will examine the current guidelines for the evaluation and treatment of food allergy with a focus on peanut allergy. In the past two years the recommendations for the administration of peanut protein into the diet of infants and children has changed dramatically. We will discuss these guidelines and practical ways you can encourage the proper introduction of peanut protein into the infants and toddlers in your practice.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify the indication for allergy testing for foods, aeroallergens and insects in the pediatric and adult population
- Analyze the new guidelines for the introduction and administration of peanut protein into the diets of infant and toddler patients
- Uncover the understanding of how early introduction of food proteins might offer protection against later food sensitization

**Primary Track:** ALRG - Allergy/Immunology

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**Foresight: 5 Ocular Emergencies Not to Miss**

AAPA Category 1 CME: 1.25

**Description:** As many ocular complaints present first in primary settings, it is crucial that providers exercise confidence and competence in the management of such patients. What may seem a daunting discipline is actually quite reasonable to navigate when approached in a consistent and systematic manner. The beginning of the session considers the eye by way of history and exam, with emphasis on key points and findings to create a narrow and workable differential diagnosis. The latter portion will work through the five most common ocular emergencies. Walking through each urgent eye and its associated 'purple shiner' (aka red flag), the discussion will demonstrate a stepwise progression to the diagnosis and appropriated intervention. Appreciating the role of primary PAs with the emergent eye, it is imperative that providers enhance their ability to care for such patients. Armed with foresight, we become the first-line advocate of ocular medicine.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe a systematic approach to the eye, considering questions/findings that lend to a narrow differential diagnosis
- Discuss the five major ocular emergencies, identifying classic presentations and intervening for optimal results
- Demonstrate confidence in ocular care, with increased competency and improved patient outcomes

**Primary Track:** OPHT - Ophthalmology

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**Forget Fighting: De-Escalation**

AAPA Category 1 CME: 1.25

**Description:** Despite our best intentions, interactions with patients do not always go according to plan. It takes certain skills in order to reduce tension and connect with people who are highly agitated or altered. This session helps you to recognize escalating situations and how to intervene in order to keep everyone safe. A review of the recommended medications to use in situations when your skills are not enough. There will also be a discussion of excited delirium. This session reviews evidenced-based techniques for assessing and de-escalating the agitated patient.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explore how to safely assess the agitated patient and what tests should be done
- Describe the 10 techniques of de-escalation as outlined by Project BETA

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- Work through medication indications and treatment options
- Highlight the misdiagnosis of excited delirium as well as the recommended treatments

**Primary Track:** PSYC - Psychiatry

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### **Frequent and Urgent: Urinary Tract Infection Misconceptions**

AAPA Category 1 CME: 1.25

**Description:** Urinary tract infections (UTIs) are commonly encountered. As common as UTIs are, there remain many misconceptions. Think about your last encountered UTI. Were you convinced the patient had a UTI? What was the role of laboratory testing or patient history in making the diagnosis? Were antibiotics or other treatment truly indicated? In this session, several important UTI misunderstandings will be addressed to help the clinician better evaluate, diagnose, and treat a possible UTI. This session helps the PA differentiate between simple and complicated UTIs, better order and interpret urine laboratory tests, make improved treatment and antibiotic choices, and understand the subtleties of this clinical diagnosis. From asymptomatic bacteriuria, appropriateness of urine cultures, to mis- or over-interpretation of urinalysis results, this session helps both the new and experienced PA improve their management of this common condition and improve antimicrobial stewardship.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the clinical presentation of simple and complicated urinary tract infections and differential etiologies
- Outline urine laboratory testing indications, characteristics, implications, and misconceptions
- Select the most appropriate treatment strategies, including antibiotic selection
- Discuss common UTI misconceptions

**Primary Track:** GU - Genitourinary

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### **From the ER to the OR: Timely Orthopaedic Emergencies**

AAPA Category 1 CME: 1.25

**Description:** Timeliness for recognition and consultation for orthopaedic emergencies may be imperative. Knowing how to quickly identify and treat these clinical scenarios is critical to prevent morbidity and mortality. The most common traumatic and atraumatic musculoskeletal emergencies will be introduced with the focus of the session on early diagnosis and emergent treatment options. PAs specializing in emergency medicine and orthopaedic surgery will provide their perspectives on clinical presentation and acute management options for these musculoskeletal conditions.



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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify musculoskeletal emergencies that require immediate orthopaedic consultation
- Differentiate from urgent and emergent conditions based on clinical presentation and diagnostics
- Discern vital information and relate findings to an orthopaedic specialist
- Explain first-line treatment options for common musculoskeletal emergencies

**Primary Track:** ORTH - Orthopaedics

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**From Top to Bottom: Discovering the Versatility of Taking a Patient-Centered Sexual History (and Why How You Ask Matters)**

AAPA Category 1 CME: 1

**Description:** Sexual health impacts public health, but it's a topic that can feel uncomfortable to have with a patient and is easier skipped than explored. Learning about how to have the conversation, what questions to ask, how to ask them, and what to do with the information will be covered in this topic. The key to understanding a history is understanding why it matters. Taking a social history and sexual history that is complete can provide life-changing care, and gives PAs an opportunity to truly meet their patients where they are at practicing harm reduction in talking about sexual health. De-stigmatizing something that (most) everyone does, and understanding both the risks of certain practices and importance of proper screening methods impacts the care we provide our patients, and helps us to provide health for all, regardless of gender, sexual orientation, sexual identity, etc. This topic is for the inexperienced or the experienced PA who is looking to further expand their healthcare practice. This will be a light, engaging, energetic session to encourage social history-taking and patient-centered whole person care approach.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain how collecting a complete sexual history can impact public health and lack of can lead to poor health and community outcomes
- Ask appropriate inclusive questions about sex regardless of patient gender expression, gender identity, sexual preference, etc.
- Screen for sexually transmitted infection (STI) through asking appropriate questions (where to check for what, what's the risk)
- Describe harm reduction techniques to have sex-positive discussions while preventing sexually transmitted infections (STIs)

**Primary Track:** INFD - Infectious Disease/HIV

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### Fundamentals of Musculoskeletal Shoulder Pathologies

AAPA Category 1 CME: 1.25

**Description:** This is a review of common musculoskeletal pathologies of the shoulder for the non-orthopedic provider. The following pathologies will be covered: SLAP tears, shoulder instability (Bankart tears), subacromial bursitis/impingement, rotator cuff tears, rotator cuff arthropathy, and adhesive capsulitis. Basics of shoulder evaluation and indications for surgical intervention will also be reviewed. This is a good refresher for primary care practitioners.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize the clinical features of common shoulder labral injuries (SLAP, Bankart, reverse Bankart)
- Recognize the clinical features of common overuse/degenerative syndromes of the shoulder (bursitis/impingement, partial and full rotator cuff tears)
- Describe the appropriate imaging modality that would aid in diagnosis of common shoulder pathologies
- Initiate proper treatment plans (conservative vs. surgical) in the patient presenting with shoulder pathology

**Primary Track:** ORTH - Orthopaedics

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### Genetics in Primary Care Commercial Genetic Testing Results - What Do We Do With Them?

AAPA Category 1 CME: 1.5

**Description:** This session is a review of basic genetic and genomic concepts, the PA genetic competencies, some current pharmacogenomic tests and therapies, stressing the importance of genetics competency as part of every PA's clinical practice through the use of case studies with commonly seen medications and diagnoses, and ethical dilemmas. It will also include a review of available resources to help the busy PA integrate genomic medicine into their practice.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Review commonly seen diagnoses with genetics practice guidelines in the context of the revised PA genetics competencies
- Identify ethical, legal, and social issues surrounding genetics and genomics testing/therapies
- Review the basics of genetics and genomics in order to better understand how pharmacogenomic therapies and tests impact patients

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- Identify and demonstrate facility with genomic/genetic resources that can be used in everyday clinical practice

**Primary Track:** GENE - Genetics

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### **Healthcare Needs of Gay Men and Other Men Who have Sex With Men (MSM)**

AAPA Category 1 CME: 1.25

**Description:** Gay men and other men who have sex with men (MSM) are a diverse community with specific needs and healthcare disparities which often go unaddressed. MSM represent 2-10% of the U.S. population, live in 99.7% of U.S. counties, and interface with every healthcare provider. The session provides practical, comprehensive healthcare specific to MSM patients including: 1) proper history/physical examination techniques and appropriate language, 2) MSM vulnerabilities and health disparities beyond just sexual health needs, 3) appropriate preventive care including specific immunization indications and screening examinations, 4) considerations in diagnosis and treatment, 5) pearls in caring for this population, and 6) practical resources which can be used in a variety of settings on a daily basis.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss specific health needs with their MSM patients
- Perform a culturally competent history and physical examination for MSM patients
- Identify preventive medicine needs of MSM including immunizations and screening examinations
- Screen for diagnose, and treat common medical conditions which disproportionally affect MSM
- Identify resources to use in their clinical setting to facilitate care of MSM patients

**Primary Track:** INFD - Infectious Disease/HIV

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### **Hospital Medicine and PAs: Rules, Reimbursement, and Productivity**

AAPA Category 1 CME: 1

**Description:** Rules and reimbursement related to the professional services provided by PAs in hospitals can be complex and often misunderstood. This session focuses on rules and regulations related to PA practice, physician supervision, documentation requirements, Medicare billing compliance, and billing rules in special situations (e.g. critical care, teaching facilities, and split/shared billing). Defining and measuring PA value and productivity in the hospital setting will also be reviewed.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain general rules and regulations affecting PA scope of practice in a hospital setting
- Describe Medicare payment policies and requirements that effect the ability of PAs to deliver services in hospital and facility settings
- Review billing rules for inpatient and observation care, split/shared services, incident to billing, assisting at surgery, and critical care services
- Recognize the implications surrounding allegations of fraud and abuse
- Discuss methods of defining and measuring PA productivity and value

**Primary Track:** REIM - Reimbursement Issues/Business of Medicine

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**Human Trafficking: Learning the Provider's Advantage**

AAPA Category 1 CME: 1.25

**Description:** This session aims for educating PAs on how to identify and engage with human trafficking victims in a variety of clinical settings. In addition, the participants are taught how to follow a standard law enforcement and medical protocol for personal safety and the safety and rescue of the patient. It will include both a live lecture and on-camera interview with experts, including former human trafficking survivors and law enforcement.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize specific physical, social and emotional signs which are commonly displayed by human trafficking victims
- Use questions to ask a patient and the corresponding programmed responses commonly given of trafficked victims
- Recognize common reasons a victim would see a provider given the clinic focus - i.e. women's health scenarios versus ED
- Utilize two handouts: a list of common terms used in 'the life' and a infographic of steps to take if you suspect a patient is being trafficked

**Primary Track:** EMER - Emergency Medicine

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### Inflammatory Bowel Disease: What You Need to Know

AAPA Category 1 CME: 1

**Description:** The last few years have seen a dramatic development of new evaluation and treatment paradigms for patients with Inflammatory Bowel Disease. Yet, despite all these developments, there still remain many questions including: What is the 'best' medication for my patient? Which patients need two medications? Why do medications lose effectiveness? How can I prevent this? When can we safely stop medications? How do we minimize the side effects of medications? This session, through practical, very interactive and fun case discussions is designed to provide practical takeaway points designed to provide optimal care.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Distinguish Inflammatory Bowel Disease (IBD) from Irritable Bowel Syndrome (IBS)
- Review the workup for IBD
- Discuss the various treatments of IBD
- Describe controversies surrounding IBD

**Primary Track:** GAST - Gastroenterology

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### Intermediate ECG interpretation

AAPA Category 1 CME: 1.25

**Description:** This session includes conduction abnormalities, probability of supraventricular versus ventricular tachycardia, and describe clinical significance. Discussion will include the clinical significance of electrical deflections on ECG, ECG changes in relation to physiological events, QRS axis shifts in relation to various disease states, ECG patterns for presence of myocardial ischemia, injury and infarction, presence of conduction abnormalities indicating bundle branch blocks, probability of supraventricular (SVT) vs. ventricular tachycardia (VT), and causes, clinical presentation and treatments for QT prolongation.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe clinical significance of electrical deflections on ECG
- Review ECG changes in relation to physiological events
- Analyze QRS axis shifts in relation to various disease states
- Evaluate ECG patterns for presence of myocardial ischemia, injury and infarction
- Determine the presence of conduction abnormalities indicating bundle branch blocks

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**Primary Track:** CV - Cardiovascular

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### **Intrauterine Devices Workshop**

AAPA Category 1 CME: 1

**Description:** This session reviews the rates of unintended pregnancy and the subsequent consequences in the United States. Appropriate patient selection via discussion of indications and contraindications utilizing case-based methods will allow participants to correctly choose patients for IUD systems. Attendees will learn correct pre- and post-counseling necessary for IUD insertions. Full IUD procedures will be performed in the workshop including placement of tenaculum, uterine sounding, IUD placement and IUD removal. Discussion of potential procedural complications will be reviewed.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Review the indications for the selection of an intrauterine device
- Describe the contraindications and necessary patient education before insertion of an IUD
- Given a patient scenario, correctly select an appropriate form of contraception
- Correctly perform an IUD insertion and removal

**Primary Track:** OBGY - Obstetrics and Gynecology

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### **Introduction to Point-of-Care Ultrasound**

AAPA Category 1 CME: 1

**Description:** This is a case-based session providing a detailed discussion of the clinical utility of diagnostic point-of-care ultrasound (POCUS) for patients with cardiopulmonary complaints. The session contains a thorough discussion of the basics of POCUS and image acquisition, indications and scope of POCUS of organ systems commonly evaluated by POCUS. Additionally, it will provide an in-depth look at the current literature pertaining to use of diagnostic POCUS, while contrasting it with current standard of care. This session discusses the positive impact POCUS can have on evaluation, prognostication, and treatment decisions for common complaints and diagnoses. It is applicable to PAs practicing in many clinical specialties, from POCUS novice to expert alike. Use of case-based learning and audience response system (ARS) will ensure participant retention.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain the basics of ultrasound physics
- Summarize scope and indications for Point-of-Care Ultrasound (POCUS) of the heart and lungs

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- Interpret POCUS images of the heart and lungs
- Contrast evidence for standard of care with POCUS
- Discuss the effect POCUS has on diagnostic evaluation, prognostication, and treatment of acute cardiopulmonary pathology

**Primary Track:** HOSP - Hospital Medicine

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### Introduction to the Stop the Bleed Program

AAPA Category 1 CME: 0.75

**Description:** The Stop the Bleed Program is a national initiative from the American College of Surgeons to train and empower individuals to act during active shooter and intentional mass casualty incidents to stop uncontrolled life threatening bleeding and save lives. While victims can quickly die from uncontrolled bleeding, these deaths are preventable.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe the concepts of the Hartford consensus and how this document evolved into the development of the Stop the Bleed curriculum
- Recall the circumstances surrounding the cause of and the presenting characteristics of life threatening hemorrhage
- Demonstrate effective hemorrhage control through the application of direct pressure to a simulated wound
- Describe the rationale for the use of tourniquet and demonstrate the proper placement to effectively control life threatening hemorrhage
- Describe when wound packing would be indicated and demonstrate proper technique in packing a simulated open wound

**Primary Track:** EMER - Emergency Medicine

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### Iron Deficiency Anemia (IDA): New Developments in Diagnosis and Treatment

AAPA Category 1 CME: 1.25

**Description:** Prevention of and screening for iron deficiency anemia (IDA) will be reviewed briefly followed by a review of diagnostic approaches that emphasize important features of the history, physical examination, and laboratory tests widely available to both generalists and subspecialists. Treatment strategies with specific case correlations for those scenarios considered to be routine (e.g., mild IDA, clear etiology), as well as approaches for more complex patients with severe or refractory IDA

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will be discussed. A step-wise approach for selection of oral iron preparations, dosing, and administration schedule will be reviewed, as well as patient follow-up and response criteria for successful therapy. Strategies for effective patient education and correction of the underlying etiology will also be highlighted. Finally, indications and considerations for intravenous iron therapy will be described, including a review of currently available formulations, risks and benefits, and important cost considerations.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize causes and clinical presentations of iron deficiency anemia (IDA) by age group and sex
- Recall the conventional IDA diagnostic tests and treatment approaches
- Describe limitations of past and current IDA management practices
- Use novel treatment strategies with oral and/or intravenous iron to improve outcomes of patients with IDA

**Primary Track:** HEMO - Hematology/Oncology

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**It Could Happen to Me! Avoiding Malpractice and Errors in Clinical Judgement**

AAPA Category 1 CME: 1.25

**Description:** This session covers what is legally defined as medical malpractice, briefly review the litigation process, identify the most common types of clinical judgement errors that befall PAs based from actual PA cases as well as research. Most importantly, this session provides recommendations for safe and ethical clinical care to reduce malpractice risk based upon both research and the speaker's experience as a testifying PA scope of practice expert for the past 18 years. Several actual PA malpractice cases in various specialties will be covered in this session.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify all the elements that constitute the legal definition of medical negligence/malpractice
- Identify what is meant by PA standards of care and how such standards are determined
- Identify errors in clinical judgement by reviewing actual PA malpractice cases and to identify the most common errors made by PAs
- Identify practical ways in which PA malpractice incidence may be reduced through ethical and wise clinical decisions
- Identify one's relative risk of being sued as a PA based on the latest research in comparison with NPs and MDs

**Primary Track:** HPOL - Health Policy/Law/Legislation/Regulations

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**Keynote: Because I Said I Would**

AAPA Category 1 CME: 1

**Description:** Keynote Speaker Alex Sheen, founder and CEO of because I said I would, an international social movement and nonprofit inspiring millions of people around the world to keep their promises.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Inventory the personal and professional commitments that are most important to them
- Make specific commitments to themselves and others
- Implement strategies to strengthen their self-control
- Strive to make their communities better by actively honoring their commitments

**Primary Track:** PROF - Professional Role/Professional Practice

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**Low Back Pain: Evaluation and Management in Emergency and Ambulatory Settings**

AAPA Category 1 CME: 0.75

**Description:** This session draws from current literature and best practices to discuss the evaluation and treatment of patients presenting with low back pain in emergency and ambulatory settings. Attendees will gain an understanding of the societal costs of low back pain and be presented with a systematic approach to the evaluation and management of this common medical problem. Patient cases will be used to describe how historical information and physical examination findings lead to refining differential diagnoses in patients with low back pain. Determining evidence-based diagnostic testing, treatment planning and referral patterns based on patient presentation and medical setting (emergent vs. ambulatory) will be emphasized.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss the prevalence of low back pain and its societal costs
- Create a differential diagnosis of low back pain based on patient presentation and discuss how this may differ based on medical setting
- Describe the focused physical examination of a patient complaining of low back pain
- Discuss key elements to refining differential diagnoses for patients with low back pain based on historical data and physical examination findings
- Discuss appropriate evidence-based methods for determining diagnostic testing, treatment planning and referral patterns based on patient presentation

**Primary Track:** ORTH - Orthopaedics

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### Mastering Communication With Our Patients

AAPA Category 1 CME: 1

**Description:** This session includes a detailed discussion of the issues associated with effective patient communication. Teaching points from these various interactions will be emphasized in a way that some techniques can immediately be put into practice.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Demonstrate how to ask open ended questions and recognize their value in getting a more complete history
- Describe techniques helpful in delivering bad or unexpected news to patients
- Review helpful acronyms and describe how partnership, empathy, apology, respect, legitimization and support can build a relationship with patients
- Review ways to respond to patient's emotions when they are upset or angry

**Primary Track:** COMM - Communication

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### Medical Decision-Making Capacity: Assessment and Practical Application

AAPA Category 1 CME: 1.25

**Description:** The patient is refusing treatment for their acute medical condition. There is a question about whether this patient understands the treatment they are refusing (or at times, consenting) and how to proceed with the patient's care. Assessing decision-making capacity is a valuable skill to better assess a patient's understanding of proposed treatment. Once decision-making capacity is assessed, there needs to be clear and concise documentation of the assessment. Additionally it is crucial to understand the nuances and the practical application of the assessment. This session covers assessing patient decision-making capacity using defined criteria that will help PAs answer these questions and proceed with treatment. The key takeaways will enable PAs to assess whether a patient has an understanding of their illness, the treatment options available to them, and how their decision may affect their overall health.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Define medical decision-making capacity and informed consent
- Identify the four criteria to assessing patient's decision-making capacity
- Distinguish whether a patient's decision-making capacity is modifiable
- Develop a formal assessment including documentation
- Apply assessment to clinical practice

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**Primary Track:** PSYC - Psychiatry

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### **Migraine in the Adult Patient**

AAPA Category 1 CME: 1.25

**Description:** Migraine headaches affect both men and women in the United States. Migraine is a highly prevalent disorder that affects 11% of the U.S. population. It is the source of significant suffering for individuals and their families. In fact, approximately 17% of women and 6% of men had at least one migraine attack in the previous year. Treatment options have changed over the past 2 years with new classes of medications entering the market. Providers need to be up to date on the most current recommendations for the acute and preventive treatment options for migraine patients. This session uses variable case studies to illustrate the subtleties that inform providers about the correct diagnosis and most effective treatment options for migraine patients.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the major clinical features of migraine
- Explain the principles of acute and prophylactic therapy for migraine headaches
- Recognize common migraine subtypes
- Formulate a treatment plan for migraine patients

**Primary Track:** NEUR - Neurology

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### **My Tummy Hurts: Pediatric Abdominal Pain Needing a Surgical Consult**

AAPA Category 1 CME: 1

**Description:** One of the first things taught within pediatrics curriculum is that kids are not little adults. Not only are their body systems different and their treatments necessitate consideration of their size, but they also are not able to communicate their symptoms in the same ways as adults. Consequently, the art of diagnosis for pediatric patients requires a different skill set. When a pediatric patient is brought to the clinic by their parents with a chief complaint of abdominal pain, the differential diagnosis is broad. This session focuses on key etiologies of pediatric abdominal pain, which require surgical consultation and intervention. We will discuss pyloric stenosis, malrotation and volvulus, intussusception, appendicitis, and testicular torsion. There are fundamental aspects of the history and physical exam that clarify the differential and inform selection of diagnostic studies. With these tools a definitive diagnosis can be made and treatment can be initiated.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify key differences in the history of pediatric patients with abdominal pain
- Identify physical exam findings pertaining to surgical etiologies of pediatric abdominal pain
- Choose the appropriate diagnostic imaging and laboratory tests to aid in the diagnosis of pediatric abdominal pain
- Recognize common causes of pediatric abdominal pain necessitating surgical treatment

**Primary Track:** PEDS - Pediatrics

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**Obesity Work-Up Blueprint: What to Do Monday Morning**

AAPA Category 1 CME: 1.25

**Description:** A thorough assessment is the foundation of effective obesity treatment. The information gleaned will guide the treatment decisions. Given the complexity of obesity, and the complications that need to be assessed, many PAs are unsure about where to begin. In this session, participants will be given a blueprint for conducting a comprehensive stepwise obesity assessment that includes a health and weight history, an obesity-specific physical exam, and appropriate labs. Tools for conducting the assessment in a time efficient manner will be provided. You will learn how to make a full diagnosis, including obesity staging, and determine the next step in treatment. The components of comprehensive treatment will be reviewed, as well as how to make appropriate referrals. Case studies will be used to reinforce and apply learning.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize the importance of diagnosing obesity and documenting it in the medical record
- Explain the elements of a comprehensive step-wise obesity assessment and how it guides treatment
- Describe the role of obesity staging in making treatment decisions
- Discuss the components of comprehensive treatment and how to make appropriate referrals

**Primary Track:** ENDO - Endocrinology

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**Obesity: Early Intervention Improves Outcomes**

AAPA Category 1 CME: 1

**Description:** Obesity is a chronic, progressive, relapsing disease. If left untreated, it worsens and leads to serious complications such as diabetes, cardiovascular disease, osteoarthritis, and cancer. Given the consequences, it needs to be treated early and with the same intensity that other serious conditions are given. Fat cells are active endocrine glands that contribute to chronic inflammation, which is at the root of many of the obesity complications we see. Early diagnosis and treatment prevent, reduce, or resolve complications and improve quality of life. A 5-10% weight loss improves health and weight-related complications. Participants will learn how to diagnose obesity and pre-obesity and identify obesity-related complications. The components of comprehensive treatment is reviewed, as well as how to make appropriate referrals, whether in a primary or specialty care setting. Strategies for early intervention is also provided and reinforced with case studies.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize obesity as a chronic, progressive, relapsing disease
- Identify the health risks associated with obesity
- Recognize the importance of early diagnosis and intervention to prevent, improve, or resolve complications
- Explain the components of comprehensive treatment and how to make appropriate referrals

**Primary Track:** ENDO - Endocrinology

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**On Board with Onboarding: Planning for Success**

AAPA Category 1 CME: 1

**Description:** Major considerations in creating an onboarding program for newly hired PAs will be presented by a researcher who has studied onboarding and by a PA administrator of a prominent onboarding program.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the rationale for onboarding programs
- Describe essential administrative considerations for onboarding programs
- Review examples of onboarding program schedules and content

**Primary Track:** CDEV - Career Development/Leadership

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### Opioids: Now and Then

AAPA Category 1 CME: 1.25

**Description:** The history of Opioids from 5000 BC through today with discussion of the current opioid crisis. A brief review of pain and how the body responds to pain and how to treat pain both with and without the use of opioids. Methods of safe prescribing.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- To understand terminology related to use of opioids for acute and chronic non-cancer pain
- To appreciate the prevalence of chronic non-cancer pain, opioid prescribing and adverse events related to opioids
- To review fundamental components of effective management of chronic non-cancer pain
- To understand practical techniques for improving safety and efficacy of opioid prescribing for pain

**Primary Track:** PAIN - Pain Management/Palliative Medicine

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### Optimizing Nutrition in the Elective Surgical Patient

AAPA Category 1 CME: 1.25

**Description:** The focus of this session is on identifying patients at risk of malnutrition prior to surgery. Methods to optimize perioperative nutritional status and recovery will be discussed with the emphasis on patients undergoing elective surgery and planned procedures. The session includes descriptions of a nutrition focused history, physical exam, screening laboratory and other diagnostics to aid in identification of nutrient deficiencies, as well as pertinent subjective and objective information to augment post-surgical recovery. Participants will complete this session with a thorough understanding of nutritional influences on the surgical patient, and clinically relevant, evidence-based recommendations to enhance surgical outcomes for their patients.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe common complications of malnutrition, and the effects on surgical recovery
- Evaluate approaches to take a nutrition focused history in the perioperative period, and describe physical exam findings indicative of malnutrition
- Interpret diagnostic study findings related to malnutrition and surgical recovery
- Develop an individualized therapeutic nutrition plan to optimize surgical recovery and outcomes

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- Describe nutrition interventions to support commonly encountered feeding difficulties after surgery

**Primary Track:** NUTR - Nutrition

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### Overview of Immunotherapy Toxicity in Oncology: A Focus on CAR-T and Checkpoint Inhibitors

AAPA Category 1 CME: 1.25

**Description:** Immunotherapy is a type of cancer therapy that uses the patient's immune system to fight the disease. This modulation of the immune system carries unique toxicities that should be understood by those who may encounter these patients. Two therapies with rapid growth and noteworthy toxicity are immune checkpoint inhibitors and Chimeric antigen receptor (CAR) T cell therapy. Checkpoint inhibitors are drugs that block immune checkpoints thus allowing a stronger response to the cancer. CAR-T cell therapy is of increasing importance in oncology. Hundreds of early phase clinical trials explore the future of CAR-T in solid and liquid tumors. Axicabtagene ciloleucel and Tisagenlecleucel are CD19-directed CAR-T therapies that are FDA approved to treat Diffuse Large B Cell Lymphoma in adults and Acute Lymphoblastic Leukemia in children. The two major CAR-T toxicities, cytokine release syndrome and neurologic toxicity, can be quite serious requiring specific pharmacologic therapies and multi-disciplinary care.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe the cellular engineering and mechanism of action of CAR-T cells
- Describe chemotherapy conditioning and patient selection for CAR-T therapy
- Explain manifestations and management of adverse effects of CAR-T therapy including cytokine release syndrome, marrow suppression, and neurologic toxicity
- Describe what checkpoint inhibitors are used for and their mechanism of action
- Explain manifestations and management of immune mediated effects of checkpoint inhibitors including thyroid dysfunction, colitis, and other toxicities

**Primary Track:** HEMO - Hematology/Oncology

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### PA and APRN Parallel Team Approach to Leadership Reporting Structures

AAPA Category 1 CME: 1

**Description:** Participants will learn how to create and present a proposal to develop advanced practice provider (APP) leaders and design a reporting structure for all APPs. The session includes demonstrations on how working together as PA and NP leaders to accomplish this goal is the key to success. It will also identify challenges and opportunities that may arise also in this partnership.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Identify the process for implementing a new advanced practice provider (APP) reporting structure and putting APP leaders in place
- Discuss how to get buy-in from senior leadership to make changes in reporting and leadership structure
- Review opportunities for increased productivity/engagement of APPs with new leadership structure
- Discuss how working together (NP/PA) in leadership help grow your staffing and increase APP engagement
- Review challenges and opportunities with parallel teamwork

**Primary Track:** CDEV - Career Development/Leadership

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### PA to Executive Leadership

AAPA Category 1 CME: 0.75

**Description:** This session shares key skills needed to develop into an advanced practice provider APP leader in healthcare today by sharing the journey going from a clinical PA to APP leader. This session highlights important lessons learned throughout this process and provide guidance on key steps to take on a leadership path.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Highlight the key skills and attributes needed for an advanced practice provider (APP) leader
- Discuss leadership transformation
- Discuss the importance of leading by influence and how it applies to APP leaders
- Difference between a clinical expert and an operational APP Leader

**Primary Track:** CDEV - Career Development/Leadership

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### Pearls of Pediatric Pulmonology

AAPA Category 1 CME: 1.25

**Description:** This session is a review of general pediatric pulmonology topics with updates on recent guidelines and medications including RSV prophylaxis, cystic fibrosis, obstructive sleep apnea, and asthma.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- State indications and criteria for RSV prophylaxis
- Review pathophysiology of cystic fibrosis and learn the new genetic modifying drugs available for patients
- Identify the newest developments in asthma therapy including the latest GINA recommendations
- Describe morbidity associated with pediatric OSA and appropriate interventions

**Primary Track:** PULM - Pulmonology

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### Pediatric Lower Extremity Trauma: Pearls, Pitfalls and the Physis

AAPA Category 1 CME: 0.5

**Description:** Pediatric lower extremity trauma is a common presenting complaint in the emergency department, urgent care centers and family practice environment. Understanding how to evaluate, treat and when to refer a child with a lower extremity injury is paramount in caring for these young patients. This session covers a systematic approach to the physical exam, reading x-rays and how to treat the most common pediatric lower extremity injuries including injury to the growth plate. This topic is critical to anyone who regularly sees pediatric patients as part of their patient panel.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize common pediatric fractures using a basic history and physical exam
- Order and interpret x-rays of the lower extremity
- Treat or refer appropriately

**Primary Track:** PEDS - Pediatrics

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**Pediatric Upper Extremity Trauma: Pearls, Pitfalls and the Physis**

AAPA Category 1 CME: 0.75

**Description:** Pediatric upper extremity trauma is a common presenting complaint in the emergency department, urgent care centers and family practice environment. Understanding how to evaluate, treat and when to refer a child with an upper extremity injury is paramount in caring for these young patients. This session covers a systematic approach to the physical exam, reading x-rays and how to treat the most common pediatric upper extremity injuries including injury to the growth plate. This topic is critical to anyone who regularly sees pediatric patients as part of their patient panel.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize common pediatric fractures using a basic history and physical exam
- Order and interpret x-rays of the upper extremity
- Treat or refer appropriately

**Primary Track:** PEDS - Pediatrics

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**Pediatric Urology: The Nuts and Bolts for Any Pediatric Provider**

AAPA Category 1 CME: 1.25

**Description:** The session covers pertinent clinical information on a variety of pediatric urological topics that are frequently encountered during routine pediatric visits. It will also include pediatric urologic emergencies, their care, and management. You will be guided along a detailed genitourinary examination, including adequate evaluation for circumcision.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the presentation and initial evaluation of common pediatric urologic conditions
- Recognize pediatric urological emergencies, such as testicular torsion and paraphimosis, and employ proper management
- Perform a detailed genitourinary examination with emphasis on scrotal and penile anatomy
- Discuss management of phimosis, undescended testicles, hydrocele, labial adhesions, varicocele, and other encountered pediatric urologic conditions

**Primary Track:** PEDS - Pediatrics

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**Pharmacogenetics Cases in Primary Care: How Genes Predict Drug Response**

AAPA Category 1 CME: 1

**Description:** Pharmacogenetics is becoming more important in primary care, offering PAs the ability to predict how a patient could respond to a medication before it is prescribed. Genetic testing can be performed that shows common variations in CYP450 metabolizing enzymes which affect drug efficacy and toxicity. Several cases will be presented utilizing results of pharmacogenetic tests to determine optimal prescribing of common primary care medications such as opioids, SSRIs, clopidogrel, and PPIs.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Explain the four common pharmacogenetic phenotypes
- Discuss pharmacogenetic lab results
- Apply pharmacogenetic lab results to a patient scenario
- Appropriately prescribe medications based on a patient's pharmacogenetic genotype and according to currently available guidelines

**Primary Track:** GENE - Genetics

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**Pneumonia**

AAPA Category 1 CME: 0.75

**Description:** This session focuses on recent literature updates from American Thoracic Society (ATS) for the diagnosis and treatment of pneumonia. The discussion will focus on newly-published guidelines from ATS and Infectious Disease Society of America on how to diagnose and treat patients with community acquired pneumonia.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Review and discuss new guidelines for the diagnosis and treatment of community acquired pneumonia

**Primary Track:** PULM - Pulmonology

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### Point-of-Care Ultrasound and COVID-19

AAPA Category 1 CME: 1.25

**Description:** Point-of-care ultrasound (POCUS) has had a growing importance in a variety of clinical arenas over the past several years. With the recent development of COVID-19 in the United States, POCUS has become essential to many providers on the front lines. This session focuses on the basics of ultrasound and their applications in the care of patients with COVID-19. Participants will see scans from patients with COVID-19 and receive information on the rapidly progressing recommendations for pulmonary and cardiac ultrasound in this population.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Identify the benefits of use of POCUS in patients with COVID-19
- Recognize the ultrasound findings of normal lung and compare them with the findings seen in patients with COVID-19
- Identify signs of cardiac complications on ultrasound, including myocarditis, pericardial effusion and thrombosis
- Describe recommendations for decontamination of ultrasound equipment following use on COVID-19 positive patients

**Primary Track:** CV - Cardiovascular

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### Point-of-Care Ultrasound for the Hospitalized Patient

AAPA Category 1 CME: 1

**Description:** This session provides an introductory lecture about the basic principles of bedside ultrasound, and how to use ultrasound in clinical practice.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Explain the indications for the use of bedside ultrasonography
- Explain the basic mechanics of ultrasound
- Define the components of an eFAST exam, as well as point-of-care cardiac and lung ultrasound
- Develop a comfort level with utilizing the ultrasound machines in your clinical practice

**Primary Track:** HOSP - Hospital Medicine

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### Polycystic Ovary Syndrome (PCOS) in Adolescents

AAPA Category 1 CME: 1

**Description:** This session discusses the diagnosis and management of polycystic ovary syndrome (PCOS) in adolescents. PCOS is a common endocrine disorder, associated with complications of both reproductive and metabolic health, in women of reproductive age with estimated prevalence as high as 20%. PCOS manifests during adolescence, but is often undiagnosed until adulthood when individuals present with complications of PCOS such as infertility and insulin resistance. Clinical presentation of PCOS during adolescence include hirsutism, severe acne, and/or irregular menses, which have been found to have a significant negative impact on quality of life at a vital time for social, emotional and physical development. Knowledge of adolescent-specific practice guidelines, and understanding evidence behind the guidelines, will support PAs who play a key-role in caring for adolescents with PCOS and help mitigate long-term complications of this complex condition.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Discuss the epidemiology, pathophysiology, and clinical manifestations of polycystic ovary syndrome (PCOS) in adolescents
- Describe adolescent specific practice guidelines for the diagnosis and management of PCOS
- Explain the evidence supporting adolescent specific practice guidelines for the diagnosis and management of PCOS
- Select the appropriate diagnostic testing for adolescents who present with signs/symptoms of PCOS
- Prepare an appropriate treatment plan for the management of PCOS in an adolescent patient

**Primary Track:** ENDO - Endocrinology

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### Psoriatic Arthritis: 'itis' of the Skin and Joint

AAPA Category 1 CME: 1.25

**Description:** Psoriasis is estimated to affect one hundred twenty five (125) million persons worldwide, 2-3% of the global population. Psoriatic arthritis is a condition that can affect approximately one-third of persons with psoriasis. As a systemic, inflammatory disease, healthcare providers, including PAs, must be sensitive to articular, cutaneous and other manifestations of this condition. Additionally, there is a large psycho-social burden of this disease that must be addressed. The American College of Rheumatology and the National Psoriasis Foundation recently published treatment guidelines for psoriatic arthritis. This session provides an update on the diagnosis and treatment of psoriatic arthritis.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Utilize the latest diagnostic approaches when evaluating persons with psoriatic arthritis
- Identify the currently approved medications for psoriatic arthritis
- Describe the risks, benefits and expectations of biologics in treating psoriatic arthritis

**Primary Track:** RHEU - Rheumatology

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**Pulmonary Function Testing**

AAPA Category 1 CME: 1.25

**Description:** This pulmonary function session combines a practical review of spirometry as well as complete pulmonary function testing and its application in multiple clinical settings.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize indications for spirometry and complete pulmonary function testing
- Interpret spirometry in the setting of clinical history
- Administer spirometry testing
- Explain the indications for ordering spirometry and advanced pulmonary function testing
- Utilize pulmonary function testing when diagnosing and treating patients in a clinical setting

**Primary Track:** PULM - Pulmonology

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**Recurrent Uncomplicated UTI in Women: 2019 Guidelines Updates**

AAPA Category 1 Self-Assessment CME: 0.75

**Description:** Recurrent urinary tract infection (rUTI) is a highly prevalent, costly and burdensome condition that affects people of all ages, races, and ethnicities. Approximately 60% of women will experience symptomatic acute bacterial cystitis in their lifetime, and 25-50% of these women will experience multiple recurrent infections. While men are not affected at the same rate, there is a subset of the male population that is prone to rUTI and it is important to recognize the clinical conditions that predispose men to developing infection. This session discusses the signs and symptoms of rUTI, explore the differential diagnoses, and emphasize the diagnosis and management of rUTIs. The session focuses on adult men and women, and does not attempt to address rUTI in children or pregnant women. Management of rUTI is discussed, emphasizing the importance of antimicrobial stewardship.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recall the prevalence and impact of recurrent urinary tract infections (rUTIs)
- Identify important components of the history that are risk factors for developing rUT
- Explain the importance of urine culture results in the diagnosis and management of rUTIs
- Discuss the importance of antimicrobial stewardship
- Incorporate the latest clinical guidelines in the management of the patient with rUTI

**Primary Track:** GU - Genitourinary

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**Regulatory 411**

AAPA Category 1 CME: 1

**Description:** It is important for PAs to have knowledge of laws and regulations that affect their professional practice. This session focuses on rules and regulations, reimbursement policies, and compliance concerns that determine a PA's scope of practice, as well as review the many changes to national PA policies that have expanded scope of practice in recent years. Implications of healthcare fraud, abuse, and non-compliance will also be discussed.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Define scope of practice and appraise determinants of scope of practice environment
- Describe Federal legislation and Centers for Medicare and Medicaid Services policies related to PA practice and reimbursement
- Discuss implications of fraud and abuse in healthcare

**Primary Track:** REIM - Reimbursement Issues/Business of Medicine

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**Reproductive Health Care: Conversations for Clinicians and Their Patients**

AAPA Category 1 CME: 1

**Description:** The average American woman becomes sexually active at age 17 and wants two children. She will spend approximately 4 years of her sexually active reproductive life either pregnant or trying to get pregnant, and 25+ years trying to avoid pregnancy. This session is anchored by a series of 'real world' cases. The curriculum will enhance your comfort, confidence, and competency in counseling patients on reproductive health life planning. The case-based curriculum focuses on the better conversations you can have. You'll walk through visits with five patients as you and the patients decide together the best

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path forward for their reproductive health choices. Helpful handouts will be included in the conference app.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Normalize discussions about sex in the primary care setting
- Recognize the diversity in patient needs and preferences around reproduction and contraception
- Provide patient-centered counseling
- Use evidence-based guidelines while prescribing contraceptives

**Primary Track:** OBGY - Obstetrics and Gynecology

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**Responder Communications in Disaster: Is Less Really More?**

AAPA Category 1 CME: 1

**Description:** Is less really more? Medical professionals in clinic and hospital settings need to account for convergence behavior to disrupt responder communications in disaster, especially when there is a mass casualty (MASCAL) situation that overwhelms local resources. Emergency management is an art linked to different types of improvisation. Incident commanders and other key stakeholders will require situation reports. Ultimately, there is no panacea to facilitate dialogue, but it may behoove an organization to design a communications strategy and viably use the IDEA Model to distribute key messages with PACE: (1) Primary, (2) Alternate, (3) Contingent, and (4) Emergent forms of communication.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the importance of responder communications in disaster
- Describe emergency management when there is a MASCAL that overwhelms local resources
- Describe how incident commanders and key stakeholders will require situation reports

**Primary Track:** COMM - Communication

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### Risky Rashes: A Review of Dermatologic Emergencies

AAPA Category 1 CME: 1

**Description:** Though there are only a few true dermatologic emergencies, they carry a high mortality rate and can be easy to miss. This session discusses Steven-Johnson Syndrome, toxic epidermal necrolysis, drug reaction with eosinophilia and systemic symptoms, and necrotizing fasciitis. Participants learn tips on making these challenging diagnoses early in a patient's presentation. A review of the current guidelines for management and updates based on recent literature will be discussed in detail. Dermatologic emergencies can present in nearly every setting and speciality, and participating in this session prepares clinicians to identify and manage these emergent conditions effectively and efficiently.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize the clinical features, diagnose, and appropriately treat Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis
- Describe why erythema multiforme major is not part of the SJS-TEN continuum
- Recognize the clinical features, diagnose, and appropriately treat DRESS Syndrome
- Recognize the clinical features, diagnose, and appropriately treat necrotizing fasciitis
- Discuss the current literature regarding management of erythema multiforme major, Stevens-Johnson Syndrome, and toxic epidermal necrolysis

**Primary Track:** DERM - Dermatology

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### Sepsis and Septic Shock

AAPA Category 1 CME: 1

**Description:** Although sepsis outcomes have improved in recent years, overall morbidity and mortality remain high. Sepsis is common but is frequently unrecognized by clinicians at initial presentation. This leads to delay in treatment and poor outcomes. The Third International Consensus Definitions for Sepsis and Septic Shock, otherwise known as Sepsis-3, has updated and simplified definitions, focusing clinical criteria on organ dysfunction. These simplified definitions and diagnostic criteria are easy to apply in any setting and gives providers the tools to quickly recognize sepsis and start treatment immediately. This session focuses on the early recognition of sepsis and management strategies to decrease mortality.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Define sepsis and septic shock
- Discuss the use of the Sequential Organ Failure Assessment score in identifying patients with sepsis

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- Demonstrate effective aggressive resuscitation, early antibiotics, source control and other strategies to improve mortality
- Utilize procalcitonin and lactic acid levels in managing sepsis

**Primary Track:** INFD - Infectious Disease/HIV

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**Serving Those Who Served: Improving Community Care for Our Nation's Veterans**

AAPA Category 1 CME: 0.75

**Description:** Less than 20% of the 20 million US military veterans receive all of their healthcare from the Department of Veterans Affairs (VA). While some veterans choose to use public or private insurance and others are ineligible for VA care, the 2019 passage of the MISSION Act also increased the number of veterans authorized to receive VA-purchased community care. Many veterans do not understand the significance of informing non-VA providers of their military service. Service members may be exposed to biological, chemical, and physical agents which can cause debilitating physical and/or psychological health effects years to decades after exposure. A New York study found that only 2.3% of non-VA providers were prepared to deliver high-quality care to veterans. It is essential providers ask about a veteran's military history to evaluate current and future health concerns. This session informs providers of the unique health care needs of veterans.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify potential health risks associated with exposures during military service
- Recognize the importance of assessing military affiliation among patient population
- Find resources for further assistance in evaluating veteran patients

**Primary Track:** VETS - Veteran's Health

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**Shake it Up: Become a Pro at proteinuria Dx and Tx in Primary Care**

AAPA Category 1 CME: 1

**Description:** So your patient has proteinuria. When should you worry? Early diagnosis and skillful management of proteinuria can make the difference between early progression to hemodialysis/renal transplant, and avoidance of chronic kidney disease. This session gives you the skills to help care for your diabetic, hypertensive, and chronic kidney patients.

**Learning Objectives:**

At the end of this session, the participant should be able to:

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- Recognize the incidence and significance of proteinuria and chronic kidney disease (CKD) in the primary care setting
- Interpret laboratory findings to differentiate between tubular and glomerular proteinuria to assist in narrowing the differential diagnosis
- Describe the optimal management of proteinuria for the prevention of long-term sequelae including hemodialysis and renal transplant
- Recognize when referral for renal biopsy or to nephrology is warranted

**Primary Track:** NEPH - Nephrology

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**Sickle Cell Disease: Across the Lifespan**

AAPA Category 1 CME: 1.25

**Description:** Sickle cell disease (SCD) has evolved from a disease of childhood in the 1970s to a chronic disease affecting people of all ages. However, the process of transitioning from pediatric to adult care is tenuous for patients with chronic diseases, with adolescence and early adulthood presenting a significantly increased risk of morbidity and mortality for patients with SCD. Reproductive health and pregnancy pose critical complications for patients with SCD and require multidisciplinary care by experienced providers. In addition, SCD patients face unique biases from providers due to chronic pain that is difficult to document physically, leading to erroneous 'drug seeking' labels. A pipeline of new drugs and therapies, including gene therapy, are progressing through clinical trials and entering into clinical practice. This session focuses on the impact that appropriate primary and specialty management can have on SCD patients, quality of life in SCD, and the future directions of therapies.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the current state of medical management of sickle cell disease including established and recently FDA approved therapies
- Express the challenges encountered in care of adolescent and adult patients with sickle cell disease
- Distinguish the unique challenges of reproductive health and pregnancy in patients with sickle cell disease
- Outline the nature of chronic pain due to sickle cell disease and management strategies in the setting of the opioid crisis
- Describe future therapies that may impact the care of sickle cell disease

**Primary Track:** HEMO - Hematology/Oncology

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**SIS: Case Studies in Domestic Violence and Child Abuse**

AAPA Category 1 CME: 1.25

**Description:** Through a series of dynamic, interactive case studies and ample time to answer questions, this is an opportunity to address some of those important questions clinicians may have regarding the investigation, detection, and management of child abuse and intimate partner violence (aka interpersonal violence, domestic violence). No question is too big, too small, or not elegant enough! Let's work together to break down the discomfort around these topic areas and make ourselves more holistic, better educated, more informed healthcare providers!

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify common clinical features and history presentations of child abuse and intimate partner violence (IPV)
- Describe initial investigation and interventions for child abuse and IPV
- Discuss treatment and follow-up care, including mandated reporting, for cases of child abuse and interpersonal violence

**Primary Track:** EMER - Emergency Medicine

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**Sleep? More important than you REMember!**

AAPA Category 1 CME: 0.75

**Description:** Sleep is critically important to physical and mental health as well as job performance, making it a topic all PAs and PA students should be familiar with. An unspoken ideological assumption is that practicing medicine sometimes requires large sacrifices to personal well-being and sleep, especially in shift work. This interactive session leads participants through several important sleep-related topics, with adult learning principles in mind, including the neurophysiology of sleep and common myth versus facts related to sleep, a summary of research supporting the relationship between sleep and performance and finally, suggestions for improved sleep hygiene. While hard work and commitment to our patients and roles are necessary, research demonstrates that lack of sleep harms individuals, clinical, and academic performance making this session relevant to all.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the basic neurology of sleep and sleep patterns
- Correlate sleep quality, health, performance, and clinical decision-making
- Assess sleep hygiene strategies

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**Primary Track:** PULM - Pulmonology

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**Speaking, and Payments and Jail, Oh My: Changes in the Sunshine Act**

AAPA Category 1 CME: 1.25

**Description:** Working for healthcare industry manufacturers can create situations where PAs and NPs can violate the Anti-Kickback Statute and False Claims Act. These violations can result in monetary fines, imprisonment, and removal from the Medicare Program. PAs and NPs have recently been found guilty of these violations from participating in different roles with pharmaceutical and device companies. Starting in 2022, any payments or transfers of value from healthcare industry companies to a PA or NP will be reported to the Center for Medicare and Medicaid Services (CMS). The reports to CMS will be public knowledge to aid patients in making better decisions on their healthcare delivery, and help to prevent providers from making bias care delivery decisions.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify potential conflicts of interest that can arise in the healthcare industry and discuss application of the Sunshine Act to PAs and NPs
- Discuss elements of the Anti-Kickback Statute and False Claims Act which can apply to PA and NPs interacting with healthcare manufactures
- Analyze recent cases to identify how to mitigate violating the Anti-Kickback Statute and False Claims Act
- Apply the definition of a conflict of interest to identify issues that may arise in professional practice creating improper arrangements

**Primary Track:** HPOL - Health Policy/Law/Legislation/Regulations

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**Substance Use Disorder Simplified**

AAPA Category 1 CME: 1.5

**Description:** This session is a primer on substance use disorder (SUD), covering the DSM 5 diagnostic criteria but also includes a review of the 'source' of addiction. The patient presentation of commonly abused substances is reviewed. Management of withdrawal as well as assisting with sobriety is covered, both from medication and psychological perspectives. This session is meant to provide a brief but broad overview of SUD.

**Learning Objectives:**

At the end of this session, the participant should be able to:

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- Review the different patient presentations of the 9 categories of substance use disorder
- Compare various treatment modalities for substance abuse including off-label uses of medication
- Recognize withdrawal management options
- Briefly discuss emerging drugs of abuse
- Outline components of comprehensive recovery plans/programs

**Primary Track:** SUBA - Substance Abuse

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### **Surgical Options for Treatment of Lymphedema**

AAPA Category 1 CME: 0.75

**Description:** The purpose of this session is to update PAs on the advancements in understanding lymphatic disease and surgical options. PAs are involved in many aspects of a patient's care and could make a drastic difference in a patient's quality of life by referring to lymphedema specialists at an early stage of diagnosis. Lymphedema is a disease of the lymphatic system that is chronic, progressive and often underappreciated by clinicians. In the U.S., breast cancer is the most common cause of lymphedema. Approximately 20-50% of patients undergoing axillary lymph node dissection develop lymphedema. Traditionally lymphedema is diagnosed by clinical exam and history alone. The current standard of care is treatment with conservative therapy including compression and massage. Through clinical and lab research we have gained a more scientific understanding of lymphedema. There is also a growing research field pursuing both medical and surgical interventions to treat the progression of lymphedema.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize early symptoms/signs of lymphedema
- Order appropriate imaging for lymphatic workup
- Discuss surgical interventions and make appropriate referrals to therapy and lymphatic surgical specialists

**Primary Track:** SURG - Surgery

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### Suturing Techniques and Wound Care

AAPA Category 1 CME: 0.75

**Description:** Topics include wound healing theory, superficial wound management, local anesthesia, suture and needle selection, proper follow-up wound care management, basic and advanced wound closure techniques.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Identify several aspects of wound healing theory
- Discuss superficial wound management
- Describe local anesthesia administration
- Select appropriate sutures and needles
- Discuss proper follow-up wound care management

**Primary Track:** SURG - Surgery

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### Telemedicine: Legal Considerations

AAPA Category 1 CME: 1

**Description:** PAs and other healthcare providers working in telemedicine may not be aware of some of the potential legal pitfalls regarding this type of patient care. This session addresses how you can comply with legal and regulatory requirements when providing patient care through digital platforms.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe telemedicine and how it can facilitate clinical care from a distance
- Describe the legal and regulatory issues potentially impacting telemedicine services
- Describe different steps that PAs can take to increase compliance with legal and regulatory requirements regarding the use of telemedicine
- Analyze different clinical situations and distinguish factors in the scenarios that are non-compliant with legal regulatory requirements regarding the use of telemedicine

**Primary Track:** HPOL - Health Policy/Law/Legislation/Regulations

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**That 'Ear-y' Feeling: Making Sense of Ear Pain, Aches, and Pressure**

AAPA Category 1 CME: 1.25

**Description:** Otalgia is a common complaint in a variety of settings, including family medicine, pediatrics, urgent care, emergency medicine, and ENT. However, despite its frequency of presentation it is often a source of confusion where even great clinicians fail to recognize potential causes and develop effective treatment plans. All too often patients are given diagnoses of ear infections or eustachian tube dysfunction that don't exist, leading the patient down treatment plans that offer no relief. This session is designed to increase confidence and understanding in head and neck anatomy and then apply that knowledge to successfully manage the many potential causes of referred otalgia. Due to the frequency of the complaint, providers in multiple settings can immediately improve their clinical skills and subsequently the lives of their patients. The session emphasizes how to systematically approach patients with this often obscure complaint in order to formulate an appropriate plan and thereby improve our patient outcomes.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the innervation of the external and middle ear
- Recognize the clinical features of the most common causes of referred otalgia
- Conduct a quality physical examination of the head and neck
- Implement treatment strategies for the various causes of referred otalgia

**Primary Track:** ENT - Ears/Nose/Throat

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**The ABCs of Chronic Kidney Disease**

AAPA Category 1 CME: 1.25

**Description:** Chronic kidney disease (CKD) is the fastest growing chronic disease with the largest growth in the 20 to 64 age groups. The incidence of CKD grew by 89%, death from CKD grew by 98% and disability from CKD grew 62% in the last 20 years. Medicare spends 20% of their entire budget on the CKD population. You will see a CKD patient and you can help with diagnosis, management, and slowing of progression. Using that sample patient, come to The ABCs of CKD to learn how to manage the CKD patient in the 21st century!

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Define stages of chronic kidney disease (CKD) using KDIGO guidelines
- Review urinary testing needed to both stage and predict progression of CKD
- Discuss management of CKD patients with a goal to slow disease progression



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**Primary Track:** NEPH - Nephrology

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**The Adolescent Vaping Epidemic: Seeing Through The Haze**

AAPA Category 1 CME: 1.25

**Description:** Vaping has become the most common form of nicotine consumption among our nation's adolescent and young adult population, surpassing combustible cigarettes. The U.S. Surgeon General declared teen vaping an epidemic in 2018 yet there is still not widespread screening of vaping use in primary care. Additionally, clinicians don't seem to understand the devices, the contents of the e-liquid, and the current science regarding the adverse effects of vaping. Clinical practice guidelines for cessation of vaping are non-existent leaving many PAs confused on how to counsel patients. This session reviews vaping devices, components of the e-liquid and aerosol, adverse effects, anticipatory guidance and possible approaches to treatment.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss the dramatic rise in the use of electronic cigarettes among adolescents
- Review the mechanical, chemical, and pharmacologic properties of electronic cigarette
- Describe the adverse health effects of vaping
- Demonstrate effective interventions for preventing electronic nicotine delivery system use among adolescents
- Discuss clinical approaches for promoting cessation of electronic nicotine delivery system use amongst adolescents

**Primary Track:** PULM - Pulmonology

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**The Black and White of Broken Bones: Basic Terminology for Fracture Radiology Description**

AAPA Category 1 CME: 1.25

**Description:** This interactive session is designed to provide the basics for fracture radiology description including clarification of common orthopaedic terminology. The session provides tools needed to appropriately identify, document, and articulate fracture findings from plain radiographs. These skills will help attendees to communicate succinctly with orthopaedic specialists when discussing fractures. The goal is to improve the participants' ability to identify and describe fractures based on location, type, pattern, and displacement. Pediatric fractures and concerning features on imaging will also be discussed. The overall purpose of this session is not only to review musculoskeletal radiology but also to understand the characteristics of a fracture and communicate these findings accurately.

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**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize common radiographic findings associated with orthopedic injuries of the extremities
- Define terms used to describe the type and pattern of a fractures including transverse, oblique, spiral, greenstick, bowing, compression, torus, etc
- Describe a fracture in terms of site, location, configuration, articular involvement and potential for physal extension
- Determine amount of fracture displacement including translation and angulation
- Identify and describe worrisome features of bone tumors or lesions to help differentiate potential causes

**Primary Track:** ORTH - Orthopaedics

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**The Icky, Squishy, and Smelly: Chronic Wound Care**

AAPA Category 1 CME: 1.5

**Description:** Chronic wounds imposes a drastic, devastating burden to quality of life. Unfortunately, one of the major complications of a non-healing wound is amputation, but below knee amputations have a 5-year mortality of 50%. This session explores ways to treat and heal chronic wounds to prevent amputations, decrease mortality, and increase the quality of life. Save a limb; save a life. This session is intended to cover the basics of chronic wound management, including initial wound evaluation, cleaning a wound choosing a dressing, antibiotic treatment if necessary, what NOT to do, when to refer, and patient education.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize a chronic wound and describe distinguishing factors
- Identify the etiology of a non-healing wound
- Discuss treatment options for chronic wounds
- Assess the need for a multidisciplinary approach to wound healing

**Primary Track:** SURG - Surgery

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### The Impact of COVID-19 on Health Care Systems

AAPA Category 1 CME: 1

**Description:** This session offers a high-level view of how the COVID-19 pandemic evolved during 2020. It covers how it has affected every aspect of healthcare including hospitals, nursing homes, emergency medical services, ambulatory care practices, dialysis units and cancer centers. Finally, this session reflects how COVID-19 will shape the future of care delivery.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe epidemiology of the COVID-19 pandemic
- Discuss the effect of the COVID-19 pandemic on health care professionals and healthcare systems
- Consider how the COVID-19 pandemic will lead to new models for the delivery of healthcare in the future

**Primary Track:** HPOL - Health Policy/Law/Legislation/Regulations

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### The Impact of Hypercalcemia: More Than Just a Number

AAPA Category 1 CME: 1.25

**Description:** Calcium homeostasis is essential for maintaining appropriate neurological and musculoskeletal function and health. Multiple conditions can alter serum calcium levels varying from endocrine disorders and medication effects to immobility, malignancy, and genetic disorders. Due to the diversity of conditions that can cause variations in serum calcium levels, this review will facilitate the clinician to narrow the differential diagnosis and avoid a shotgun approach to the work-up. Calcium evaluations may be enigmatic. Therefore, this session covers when normal does not mean normal as negative studies or imaging may not truly rule out pathology. This session demonstrates pertinent surgical criteria for parathyroidectomy to avoid unnecessary procedures and discuss appropriate treatment goals and considerations.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Review the physiology of calcium metabolism and homeostasis with an emphasis on the impact on neurological and musculoskeletal function and health
- Discuss diagnostic criteria versus misconception is the diagnosis of hypercalcemia and hyperparathyroidism
- Distinguish causes of hypercalcemia outside of hyperparathyroidism to appropriately manage and prevent unnecessary procedures

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- Determine the appropriate role of parathyroid imaging in calcium disorders
- Demonstrate the specific surgical criteria for parathyroidectomy in hyperparathyroidism

**Primary Track:** ENDO - Endocrinology

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### The Status of HIV in 2020

AAPA Category 1 CME: 0.75

**Description:** This session provides an update on what every PA needs to know about HIV. While HIV medicine has evolved significantly over the past four decades, over 35,000 HIV infections occur annually in the US. The epidemiology continues to change with infections disproportionately affecting southern states, populations of color, and sexual and gender minorities. Guidelines incorporate screening for HIV into routine medical care. Prevention continues to expand with increased utilization of antiretroviral mediated prevention including preexposure prophylaxis and treatment as prevention. While HIV treatment options have significantly improved, long term survivors face new complications including certain cancers and inflammatory mediated disease. While HIV can be considered a chronic disease, the societal stigma surrounding this sexually transmitted disease requires that providers approach HIV with a unique perspective.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Review the current epidemiology of HIV in the US
- Reference guidelines for screening for HIV
- Reference current guidelines for the use of ARVs as prevention including PrEP and treatment as prevention
- Identify medical complications in virally suppressed long term survivors of HIV
- Discuss stigma related to HIV and sexual transmission

**Primary Track:** INFD - Infectious Disease/HIV

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### The Throat: What Could Possibly Go Wrong?

AAPA Category 1 CME: 1.25

**Description:** This session is a PANCE/PANRE Blueprint review of throat pathology.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Diagnose and treat pharyngitis and tonsillitis in both children and adults

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- Describe clinical features, complications, and treatment of snoring and obstructive sleep apnea
- Diagnose and treat peritonsillar abscess and deep neck infections

**Primary Track:** ENT - Ears/Nose/Throat

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### **Tipsy to Tremulous: Managing Alcohol Intoxication and Withdrawal**

AAPA Category 1 CME: 1

**Description:** The management of acutely intoxicated patients and those with chronic alcohol use presents challenges for the emergency department provider. Patients with alcohol intoxication and possible withdrawal represent a high-risk presentation. As such, the emergency medicine PA must be diligent to ensure high-quality patient care and diagnose co-existing, life-threatening disorders, in addition to managing the acute intoxication. This session explores the spectrum of medical problems related to the consumption of alcohol. Topics include acute alcohol intoxication, alcohol abuse, sequelae of alcohol abuse, and withdrawal. The goal of this session is to provide the attendee with an approach to the evaluation, pharmacologic, and other means of management, as well as disposition decision-making for the patient with problems related to alcohol use.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize co-existing, life-threatening disorders related to alcohol consumption
- Develop an approach to the evaluation of patients with alcohol intoxication and/or possible withdrawal
- Identify patients at risk for withdrawal, using tools such as the Clinical Institute Withdrawal Assessment for Alcohol Scale (CIWA-Ar)
- Determine treatment strategies for patients who would benefit from pharmacologic treatment
- Discuss disposition decision-making for the patient with problems related to alcohol use

**Primary Track:** PSYC - Psychiatry

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### **Tobacco Interventions for American Indians/Alaska Natives**

AAPA Category 1 CME: 0.75

**Description:** American Indians/Alaska Natives have the highest prevalence of cigarette smoking compared to all other racial/ethnic groups in the United States. Many American Indian/Alaska Natives use tobacco for traditional purposes and it is important to make the distinction between these two. Counseling to stop using all tobacco (including traditional) can harm the patient/provider relationship.

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Clinicians treating American Indians/Alaska Natives should be able to perform a brief culturally competent intervention to help the patient quit commercial tobacco.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the smoking prevalence in Native Communities
- Explain the difference between traditional tobacco and commercial tobacco
- Perform a brief tobacco intervention
- Describe the effects of environmental tobacco smoke exposure
- Identify how commercial tobacco companies directly market to the American Indian/Alaska Native community

**Primary Track:** PULM - Pulmonology

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**Tools and Techniques for Patients: Self-Management to Navigate their Healthcare Journey: Using Lupus as a Case Example**

AAPA Category 1 CME: 1

**Description:** Disease self-management tools and techniques can help patients manage their disease. For this session, systemic lupus erythematosus (SLE) will be utilized as a case study example. Studies have shown that health education and social support-based interventions are able to reduce pain and long-term disability in patients with SLE. In addition, patients who perceive that their providers are supportive of self-management strategies are more likely to adopt a proposed technique. Daily, PAs in multiple healthcare settings are providers for patients with lupus and other health conditions for which self-management would be of benefit. Therefore, our session seeks to educate PAs regarding patient self-management skills and the behavior changes that improve a patient's health by providing self-management support. This session discusses opportunities to provide self-management support in clinical and non-clinical settings, sharing tools created by the American College of Rheumatology.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe benefits of self-management for persons with lupus and apply these principals to other medical conditions
- Discover ways to provide self-management support to patients in clinical settings both by direct care providers and ancillary staff
- Utilize tools designed to assist in providing self-management support in and outside of clinical settings

**Primary Track:** RHEU - Rheumatology

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### Top Ten Ways to Kill Kidneys in Clinical Practice

AAPA Category 1 CME: 1.5

**Description:** PAs are taught and diligently try to adhere to the dictum, 'Primum non nocere', or 'First do no harm'. Unfortunately, it is very easy for PAs to inadvertently cause harm to the kidneys. The kidney is a very delicate and complex organ that is frequently threatened by disease but can also be harmed by failure to recognize or appropriately treat disease. Therefore, this session covers a broad spectrum of iatrogenic causes of renal injury that are commonly encountered by PAs in various practice settings. Among the topics to be discussed are errors relating to the diagnosis and treatment of acute and chronic kidney disease, prescribed and non-prescribed nephrotoxic agents, and the treatment of hypertension and heart failure. The session discusses ten common causes of iatrogenic kidney disease and provide recommendations for preventing them. It will be case-based, interactive and relevant to PAs in many fields of practice.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Distinguish reversible prerenal azotemia from acute intrinsic kidney injury using clinical and novel biomarker clues
- Recognize pitfalls in diagnosing and shortcomings in managing chronic kidney disease early enough to prevent progression
- Avoid therapeutic inertia in the treatment of hypertension, especially with respect to the new BP targets
- Avoid mishandling of diuretics and renin-angiotensin system blockers (ACEIs, ARBs) in the treatment of heart failure
- Discuss commonly encountered endogenous and exogenous nephrotoxins

**Primary Track:** NEPH - Nephrology

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### Transforming the Skeleton Osteoporosis: What has changed in 2020?

AAPA Category 1 CME: 1.25

**Description:** Patients with osteoporosis diagnosed by low trauma fracture or by bone mineral density continue to be under treated or not even evaluated. Osteoporosis is a primary care diagnosis and PAs should be able to evaluate, diagnose, treat, and manage. Osteoporosis is not diagnosed by T-score and this basic misunderstanding leads to lack of treatment. Prior bone fracture is known to be a critical risk and we now have updated data that show 10% of these patients will fracture again in 1 year, 18% at 2 years, and 31% at five years. This is an osteoporosis emergency in a way, and learning the mechanisms of action, names and uses of both old and new drugs will help improve patient outcomes. We are seeing

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a proliferation of anabolic drugs in the market, access to these drugs through insurance is a barrier to effective treatment. However, appropriate key words associated with knowledge of the individuals specifics will help access. Practical, evidence data will be shared for use in your practice.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Apply accepted criteria to make the diagnosis of osteoporosis
- Use directed history, physical, labs and other validated tools that are helpful in assessing individual patient risk for fracture
- Develop strategies to manage your patient's skeletal health and decrease their risk of fracture
- Compare and critique different mechanisms of action for FDA approved OP medications

**Primary Track:** ENDO - Endocrinology

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**Understanding Diabetes Cardiovascular Outcome Trials**

AAPA Category 1 CME: 1.5

**Description:** Diabetes cardiovascular outcome trials provide a wealth of information regarding the cardiovascular safety of new generation diabetes drugs. Currently available diabetes medications have been shown to be safe, without unacceptable increase in cardiovascular risk, and some have been shown to offer reduction in risk. However, there is wide variability amongst these studies in terms of trial design, populations studied, and meaningfulness of the results. Comparisons of findings from one study to another is not possible without an accurate understanding of each trial's structure and populations. This session is designed to summarize the more relevant CVOTs in understandable terms so that the clinician can draw accurate and meaningful conclusions about drug options that can be applied to everyday practice.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Describe the purpose of Diabetes Cardiovascular Outcomes Trials ( CVOTs)
- Discuss the results of recent CVOTs
- Compare and contrast how study design for CVOTs performed on drugs within a class
- Explain the relevance of CVOT findings in every day clinical practice
- Identify where future research is needed in diabetes cardiovascular safety

**Primary Track:** ENDO - Endocrinology

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### Understanding the Alphabet Soup of Rheumatology Labs

AAPA Category 1 CME: 1.25

**Description:** Rheumatology laboratory can induce anxiety for both patients and medical providers. Healthcare professionals, including PAs, are often perplexed by the laboratory need to diagnose and monitor rheumatic disease. The question of which lab to order, when to order which lab, and what to do with the lab results is common. This session, utilizing case studies, provide an opportunity for the participant to self-assess their knowledge and skills when selecting appropriate rheumatology laboratory, including important system review lab. Screening diagnostic lab including rheumatoid factors and anti-nuclear antibodies will be discussed as well as more specific serologic tests. A strategic approach will be described when ordering rheumatology lab, thus enabling participants to have confidence when caring for persons with rheumatologic conditions.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Select appropriate laboratory tests when evaluating patients with symptoms suggesting rheumatic conditions
- Interpret the results of laboratory tests used to diagnose and manage common rheumatic diseases
- Evaluate the appropriate clinical applications for laboratory tests used to diagnose and manage common rheumatologic disorders
- Explain to patients with rheumatic conditions the relevance of specific laboratory results

**Primary Track:** RHEU - Rheumatology

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### Update from NCCPA: Positive Changes to Certification Maintenance

AAPA Category 1 CME: 1.25

**Description:** NCCPA will provide updated information on certification maintenance, including the latest details on the pilot alternative to PANRE and more. We will also discuss the CAQ program and other resources available to PAs from NCCPA, the PA History Society and the nccPA Health Foundation.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Recognize the transition to core medical knowledge as the basis for the assessment portion of the certification maintenance process
- Differentiate the assessment level (1, 2 or 3) by which the diseases and disorders covered on PANRE are categorized

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- Recognize the many ways PAs may participate in content development for assessments and exams and the value of new delivery mechanisms
- Appreciate the roles of NCCPA's supporting organizations, PA History Society and nccPA Health Foundation

**Primary Track:** PROF - Professional Role/Professional Practice

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### **Update in Hospital Medicine: Recent Literature Impacting Clinical Care in the Inpatient Setting**

AAPA Category 1 CME: 1.25

**Description:** Recently published literature that impacts the practice of hospital medicine should be identified and utilized by practitioners in an ongoing basis. However, the volume of literature published annually or even weekly is too much for any individual practitioner to actively assimilate. The presenting faculty utilize a systematic method to comb the medical literature to identify the most relevant published literature that impact the practice of hospital medicine over the last 12-18 months. They present this literature in an interactive, case-based fashion that engages the audience and facilitates learning. They summarize practical points that practitioners should actively utilize to incorporate the published literature into clinical practice immediately.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Interpret important published literature evidence in hospitalized patients that changes or confirms the management of these patients
- Describe updates in the management of acutely sick patients including critically ill patients in the hospital
- Incorporate into clinical practice recently published literature to provide optimal management of hospitalized patients

**Primary Track:** HOSP - Hospital Medicine

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### **Updates in COPD**

AAPA Category 1 CME: 1.25

**Description:** COPD is the third leading cause of death in the United States and affects more than 6% of the population. This session reviews the GOLD Guidelines for correctly diagnosing patients with COPD and discuss the treatment options available. Several case studies will be used as learning tools to educate providers on options for pharmacological treatment, inhaler therapy selection and non-pharmacological treatments available and assess the extrapulmonary features associated with COPD.

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Management of patients with COPD Acute Exacerbations in the clinic and hospital setting will also be discussed including ways to prevent hospital readmissions. The goal of this lecture is for providers to increase their knowledge base of COPD.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Utilize the GOLD Guidelines to correctly make a diagnosis of COPD and review the extrapulmonary features associated with severe COPD
- Formulate an individualized treatment plan for COPD based on the GOLD Guidelines staging
- Recognize the signs and symptoms of COPD Acute Exacerbation and review the treatment options available
- Discuss the roles of pharmacological and non-pharmacological treatments for patients COPD
- Discuss the role of endobronchial valve placement for patients with COPD

**Primary Track:** PULM - Pulmonology

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**Updates in Medicine: Role of Optimizing of Obesity Prior to Elective Orthopedic Surgeries**

AAPA Category 1 CME: 1.25

**Description:** A unique need has arisen to help PAs in both the PCP as well as surgical setting on understanding how to identify and optimize modifiable risk factors that puts patients at increased risk for surgical complications. This session focuses on guidelines for optimization of obesity and nutritional status prior to an elective surgery. It will help both the PCP PA understand the areas to intervene earlier to support patients, as well as the surgical PAs on parameters and guidelines to help guide decision-making for elective surgeries.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Recognize modifiable risk factors and their role in clinical practice
- Apply guidelines and clinical pearls on optimization of patients with obesity prior to surgery
- Employ nutritional optimization of patients
- Apply Learning Objectives: to a Case Study Review

**Primary Track:** NUTR - Nutrition

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### Urinalysis Conundrums

AAPA Category 1 CME: 1.25

**Description:** Primary care providers are often faced with the responsibility of making a diagnosis based on the results of laboratory tests involving urinalysis microscopic procedures. A thorough knowledge of the microscopic elements being identified in a urine sample is essential to proper interpretation of these laboratory tests. Using a series of cases, participants will be presented with patient scenarios that will include urinalysis results and microscopic evaluation of urine sediment. This self-assessment presentation will promote better understanding of the concepts involved and highlight the significance of a variety of urinalysis microscopic findings that aid in making a diagnosis.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Correlate urine dipstick results to provider-performed urine microscopy findings to assist in making a clinical diagnosis
- Analyze the urine dipstick and microscopic findings of common renal disorders noted in primary care
- Utilize urinalysis dipstick and microscopic findings to separate unusual disorders from more commonly encountered disorders

**Primary Track:** NEPH - Nephrology

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### Vascular Leg Pain: Arterial vs. Venous Etiology

AAPA Category 1 CME: 1

**Description:** Lower extremity pain has multiple etiologies, and in more than 35% of these patients a disorder of the vasculature is to blame. Peripheral artery disease leads to hypoperfusion of lower extremity musculature, due to arterial plaque formation and turbulent blood flow. Chronic venous insufficiency leads to lower extremity edema and varicosities due to venous hypertension. Both of these vascular disorders have modifiable risk factors and patient education can help ameliorate symptoms. Work up of patients with suspected vascular disease includes ankle-brachial indices and arterial or venous doppler duplex studies. Appropriate management of the root cause is important as unrecognized or untreated cases can result in complications such as osteomyelitis, chronic wounds and gangrene, which could require amputation. Arterial disease benefits from supervised exercise programs and tight control of comorbidities, while venous disease is primarily treated with compression hose and elevation.

#### Learning Objectives:

At the end of this session, the participant should be able to:

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- Distinguish between the presenting symptoms of arterial and venous leg disease
- Recognize the difference in appearance of a lower extremity with arterial versus venous disease
- Discuss the different diagnostic studies available to differentiate between vascular diseases
- Formulate appropriate treatment plans for arterial and venous leg disease

**Primary Track:** CV - Cardiovascular

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### **Vector-Borne Infections: A Moving Target**

AAPA Category 1 CME: 1.25

**Description:** PAs are often the first medical professionals to see patients with vector-borne diseases (VBDs). Correct diagnosis and prompt treatment can be vital because some VBDs can be quickly deadly or have lasting health implications. Symptoms are similar to those of other infectious diseases and to other VBDs. Children may present a different constellation of symptoms than adults. This session covers regional and national vector-borne diseases, symptoms, and diagnostic dilemmas. Prevention strategies, with guidance on those that do NOT work, are important to understand. Tick attachment times are crucial. Powassan, a viral pathogen, infects within 15 minutes of attachment, so traditional tick check guidance isn't helpful where it circulates. While Lyme disease is most recognized, its geographic range is limited. Another VBD produces a bull's eye rash with which it is often confused. Test limitations and understanding VBD dynamics are crucial and will be included.

#### **Learning Objectives:**

At the end of this session, the participant should be able to:

- Discuss existing and emerging vector-borne diseases (VBD), including symptoms, treatment and age-related presentation differences
- Explain geographic nuances of VBD incidence and the challenges associated with diagnoses
- Recognize the importance of prompt and proper treatment for non-viral VBDs
- Describe the importance of preventative measures and how best to communicate these to patients
- Recognize when prophylactic treatment is NOT indicated

**Primary Track:** INFD - Infectious Disease/HIV

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### **Vulvar and Vaginal Health: What is Normal and What is Not**

AAPA Category 1 CME: 1

**Description:** This session is an evidence-based presentation providing a detailed discussion of vulvar and vaginal health. This session reviews normal vulvar and vaginal care, symptoms and physical exam findings

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in addition to covering common pathologic conditions. Content will include various medical conditions describing risk factors, etiology, pathophysiology, physical exam findings, diagnostic evaluation and treatment. The session is applicable to all PAs practicing in primary care and in various medical specialties including gynecology, dermatology and infectious disease. Use of case-based presentation will ensure participant knowledge and retention.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Summarize patient care recommendations for vulvar and vaginal health
- Describe normal vulvar and vaginal symptoms and anatomy
- Compare and contrast the various pathologic conditions of the vulva and vagina
- Explain the risks factors, etiology and pathophysiology of vulvar and vaginal conditions
- Summarize physical exam findings, diagnostic evaluation and treatment for vulvar and vaginal conditions

**Primary Track:** OBGY - Obstetrics and Gynecology

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**What PAs Need to Know About HIV Prevention and Preexposure Prophylaxis (PrEP)**

AAPA Category 1 CME: 1.25

**Description:** Over 35,000 HIV infections occur annually in the US despite widespread availability of condoms and programs directed at behavioral change. HIV prevention changed largely with: 1) FDA approval of the combination antiretroviral (ARV) medication for HIV prevention in high risk individuals as preexposure prophylaxis (PrEP); and, 2) Increased evidence of treatment as prevention where use of antiretrovirals by HIV-infected individuals nearly eliminates risk of HIV sexual transmission. Additional HIV prevention methods are emerging including new drugs and dosing strategies. PAs must be familiar with these medications to counsel patients on its indication, use, and side effect profile alongside the more established methods of HIV prevention including condom use and behavior change. Familiarity with these medications and options for HIV prevention will allow patients and PAs to make appropriate choices when creating a patient-centered prevention plan.

**Learning Objectives:**

At the end of this session, the participant should be able to:

- Identify risk factors for HIV among their patients
- Describe biomedical HIV prevention methods including PrEP, PEP, and treatment as prevention
- Identify current guidelines for the use of ARVs as prevention
- Discuss how biomedical HIV prevention can be tailored as part of patient-centered care

**Primary Track:** INFD - Infectious Disease/HIV

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Total AAPA Category 1 CME Credits: 151.75  
Total AAPA Category 1 Self-Assessment CME Credits: 2.75

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### Wilderness Trauma Management

AAPA Category 1 CME: 1.25

**Description:** There are specific and important factors in the assessment, stabilization, resuscitation, and monitoring of trauma patients in wilderness/austere environments. The standard ATLS protocols are important and helpful, but special consideration must be made in the face of limited diagnostic and therapeutic resources, prolonged or difficult evacuation/transport, and challenging or dangerous environmental factors. PAs who are involved in remote medical care, disaster medicine, and global health will benefit from an enhanced understanding of some of the differences in the assessment and treatment of trauma patients in wilderness/austere environments. This session reviews the different types of trauma algorithms (ATLS, MARCH, AAABBBCCC), their functionality and limitations. It will also emphasize the importance of rapid, aggressive hemorrhage control and why this is even more critical in limited resource environments.

#### Learning Objectives:

At the end of this session, the participant should be able to:

- Describe the basic aspects of trauma assessment in the wilderness/austere environment
- Recognize the basic tenants of advanced hemorrhage control in the wilderness/austere environment
- Describe evacuation and ongoing assessment considerations for trauma patients in the wilderness/austere environment
- Describe key differences in assessment and treatment of trauma patients in the wilderness/austere environment
- Explain critical concepts in the stabilization/resuscitation of trauma patients in the wilderness/austere environment

**Primary Track:** TRAU - Trauma

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